



Serving Our Seniors Assistance Application

AABY Foundation DBA: AABY Thrift Shop

24551 Loop 494 Suite 105 P.O. Box 6186 Kingwood, Texas 77325

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Date _____

Your Information:

Last Name _____ First Name _____
 Address _____ City _____ Zip _____
 Date of Birth _____ Age _____ Phone _____
 Marital Status _____ SSN _____ - _____ - _____
 Drivers Lic # _____ State _____
 Your Employer _____ Salary _____ Wk _____ Verified _____

Your Spouse Information:

Spouse _____
 Date of Birth _____ Age _____
 Employer _____ Salary _____ Wk _____ Verified _____

Other Information:

Other Income: SS \$ _____ Verified Disability: \$ _____ Verified
 SSI: \$ _____ For _____ Verified Child Support: \$ _____
 Food Stamps: \$ _____ Other Income: \$ _____
 Other Assistance: WIC _____ Medicaid _____ Medicare _____ Chips _____

Please describe your need today:

Counselor Comments:

I AGREE TO HAVE MY INTACT ANIMAL SPAYED OR NEUTERED.

Senior Signature _____