

Virginia Scatena Memorial Fund

Applications Due in the UESF office by 5:00 p.m. on Friday, November 17, 2017

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ SS# _____

Years in San Francisco School District: _____ From: _____ To: _____

Position held: _____

School of current or last assignment: _____

Age: _____ Marital Status: _____ SFUSD ID# _____

Financial Status / Assets: (Please state amounts)

Savings: _____ Bonds: _____

Real Estate: _____ Stocks: _____

Checking: _____ Miscellaneous: _____

Liabilities: (Please state amounts)

Notes: _____ Charge Accounts: _____

Mortgages: _____

Other: _____

PLEASE COMPLETE THE REVERSE OF THIS FORM (Please include copies of pages 1 and 2 of your most current IRS 1040 tax form for verification)

Total Monthly Income (from reverse) \$ _____

Total Monthly Expense (from reverse) \$ _____

I certify that the above statement is true and complete to the best of my ability and I have not omitted any assets, nor have I excluded any sources of income from this statement.

Date

Signature of Applicant

The Committee will keep all information on the application strictly confidential.

I. MONTHLY INCOME:

1. Monthly Wage \$ _____
2. STRS/City Pension \$ _____
3. Other Pension \$ _____
4. STRS Supplemental \$ _____
5. Social Security \$ _____
6. Disability Income \$ _____
7. Investments \$ _____
8. Spouse/partner household income \$ _____
9. Other (please specify) \$ _____

Monthly Total \$ _____

II. MONTHLY EXPENSES:

1. Rent / Mortgage \$ _____
2. Property Taxes \$ _____
3. Utilities \$ _____
4. Telephone/cell/internet/cable \$ _____
5. Medical } Out of pocket \$ _____
6. Dental } \$ _____
7. All insurance (including medical
& dental) \$ _____
8. Food \$ _____
9. Transportation \$ _____
10. Other (please specify) \$ _____

Monthly Total \$ _____

III. BRIEF STATEMENT OF NEED:

Mail application to:

**Scatena Memorial Fund c/o UESF
2310 Mason St., 2nd Floor,
San Francisco, CA 94133**