



YOU'RE NEVER TOO OLD FOR A WISH TO COME TRUE.

SENIOR PROMISES APPLICATION

(For assistance in filling out application please call 203-214-2466.)

DATE: _____ How did you hear about Senior Promises? _____

CONTACT INFORMATION OF WISH RECIPIENT

Senior Name: _____

Senior Phone Number: _____

Address: (Must reside in CT)

Date of Birth: _____

Email address: _____

Annual Total Household Income: _____ **Must submit proof of income upon request.**

Please fill out below ONLY if you are nominating someone for a wish:

Name: _____

Phone Number: _____ Email: _____

Address: _____

Relationship to Wish Nominee: _____

WISH DETAILS (Please list ONE wish only)

Describe your wish in detail (please be as specific as possible):

What makes this wish have meaning for you?

What prevents you from fulfilling this wish on your own? _____

Are you a Veteran?

YES _____

NO _____

Do you have any physical or cognitive impairment that might influence your ability to wish?

YES _____

NO _____

We'd like to get to know you better! Please tell us about your friends, family, career, volunteer work or military service, hobbies or interests.

Declaration:

I, the undersigned, acknowledge acceptance of this application does not guarantee fulfillment of my wish. I declare that my annual income is not over \$38,868 for a household of one or \$48,516 for a household of two. I understand that I may be asked to show proof of income. (May be submitted with application to avoid delays) I declare that all information provided by me is accurate and I agree to inform Senior Promises, INC should any information on this application change. I understand that I may be asked to provide a medical verification form prior to my wish being granted.

Signature

Date

Please return this document by email: wishes@seniorpromises.org or Mail to:
Senior Promises INC: PO BOX 3023,300 Pepes Farm Road, Milford, CT. 06460