



H.C.S.C. Foundation 2026 Annual Application For Continued Assistance

Please print all requested information on this form

Name (please print clearly)		Street Address				Phone
City	State	Zip	Birthdate	Social Security	Married/Single/Divorced/Widow(er)	
Responsible Contact		Phone	Address			
History With JCPenney			email			
Last Location		Last Position Held		Years With JCP	From/To	
Date Retired from JCPenney		If Early Retirement Please State Reason				

Dear Applicant: We will make every effort to assist those who through no fault of their own have an unexpected financial emergency. For the H.C.S.C. Foundation Board to review this application and make a decision we must have accurate verifiable information. Submission of your application does not in any way obligate the Foundation to issue support of any amount. **Applicants are required to submit paper copies of all pertinent documentation of debt and income. All decisions are made after careful review by the Board of Directors and all decisions are final. The Foundation does not assume any responsibility for any Applicant's debt, nor do we enter into any agreement to any amounts other than what the Board of Directors has confirmed by majority vote.**

Please sign the following agreement.

To the best of my knowledge the information on this application is complete and correct. The Foundation is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein and to provide the information to the Foundation Board and to such other person(s) who the Foundation, at its discretion, may designate. **I am providing proper paper documentation of all debt and all sources of income. I understand that failure to disclose all pertinent information could result in disqualification for assistance.**

I authorize the H.C.S.C. Foundation to:

- a) Communicate with responsible relatives and, if necessary, secure earnings information.
- b) Obtain financial data from credit reports, my bank and any other agency or financial institution regarding my financial status.
- c) I authorize all doctors, hospitals, clinics and medical facilities to release to the H.C.S.C. Foundation information they may require with regard to my health and/or financial obligations.

I further agree to notify the H.C.S.C. Foundation of any change in my financial situation if such occurs during the time I am receiving assistance.

Date

Signature of Applicant

	I have included a copy of the last two (2) income tax statements (Forms 1040 & Schedule A)
	I have not filed an income tax statement for the last two (2) years

PLEASE EXPLAIN YOUR FINANCIAL NEEDS AND HOW YOU WOULD USE THE FUNDS FROM THE H.C.S.C. FOUNDATION

Use additional paper if necessary

Monthly Housing		Monthly Medical	
\$	Mortgage / Rent	\$	Health Insurance
\$	Property Taxes	\$	Dental Insurance
\$	Home Insurance	\$	Extended / Home Care
\$	Other	\$	Out of Pocket Medical
\$	Utilities	\$	Home Nursing
\$	Electricity	\$	Non-Prescription Medicine
\$	Water/Trash	\$	Out of Pocket Prescription
\$	Gas/Propane	\$	Out of Pocket Dental
\$	TV/Cable/Phone	\$	Out of Pocket Eye Care
\$	Sub Total	\$	Life Insurance
\$	Auto Gas	\$	Long Term Care Insurance
\$	Auto Payment	\$	Sub Total
\$	Auto Insurance	\$	Miscellaneous
\$	Auto Other	\$	Food
\$	Other	\$	Personal
\$	Sub Total	\$	Other
		\$	Other
		\$	Total Creditor (from below)
		\$	Sub Total
		\$	Total Monthly Expense

PHOTO I.D.

Creditor Information

Creditor Name	Balances	Monthly Payment	Past Due Amount
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Totals	\$	\$	\$

If You Have Declared Bankruptcy

Date	Reason			
Income	Monthly Gross	Income Continued	Monthly Gross	Assets
JCPenney Pension:		Reverse Mortgage		Home/Condo \$
Applicant	\$	Applicant	\$	Other Real Estate \$
Spouse	\$	Spouse	\$	Mortgage Balance Owed
Other Pensions:		Sub Total	\$	1st \$
Applicant	\$	Total Income	\$	2nd \$
Spouse	\$			Liquid Assets
Social Security:				401k/403b Balance \$
Applicant	\$			Cash Value Ins. Policy \$
Spouse	\$			Checking Acct Balance \$
Wages:				Credit Union Balance \$
Applicant	\$			IRA Balance \$
Spouse	\$			Savings Balance \$
401k/403b Dist.				Stocks and Bonds \$
Applicant	\$			Other Assets \$
Spouse	\$			Automobiles/Vehicles
IRA Distributions:				
Applicant	\$			
Spouse	\$			
H.C.S.C. Foundation				
Applicant	\$			
Interest/Div Income:				
Applicant	\$			
Spouse	\$			
Sub Total	\$			

