



## RETIREMENT INCOME SOLUTIONS (RIS) Application

Please complete the following information:

NAME \_\_\_\_\_  
(First, Middle Initial, Last)

ADDRESS \_\_\_\_\_  
(Street Number) (City, State, Zip)

TELEPHONE #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

MARITAL STATUS: Single  Married  Divorced  Separated  Widowed

AGE: 50-55  56-61  62-67  68-73  74+

REFERRAL SOURCE: How did you hear about the program? \_\_\_\_\_

CURRENT SOURCE OF INCOME: Employment: Full Time  Part Time  Self-Employed: Full Time  Part Time

OTHER INCOME: Social Security  SSSI/SSDI  Pension  Other

What is your **household** income?  Less than \$28,400  \$28,401 - \$45,450  \$45,451 - \$51,950  
 \$51,951 - \$58,540  \$58,451 - \$64,900  \$64,901 - 83,250  83,251 - or more

FAMILY HOUSEHOLD SIZE (include self): 1  2  3  4  5  6  7  8

### HOUSEHOLD NET ASSESTS: (exclusive of home and vehicles)

Please indicate approximate value of investments such as savings, IRA, 401K, stocks, bonds, mutual funds, \$ \_\_\_\_\_  
(May provide later if preferred)

**SELF-EMPLOYMENT:** - If you are interested in Self-Employment to supplement retirement income, send a separate sheet describing the business you want to start and related skills and experience and/or include resume.

**EMPLOYMENT:** If you want to secure employment to supplement retirement income, please send a separate sheet listing employment history and/or resume.

**RETIREMENT STATUS:** Are you retired? Yes  No  if yes, when did you retire? \_\_\_\_\_

Describe your retirement goals and interest in attending the Retirement Income Solutions (RIS): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ETHNIC BACKGROUND:**  Hispanic  African American  Asian/Pacific Islander  Native American  Caucasian  Other

**PLEASE READ CAREFULLY AND SIGN BELOW.** I understand Retirement Income Solutions is primarily targeted to women with net assets up to \$250K exclusive of home and vehicles and that WORC is relying on information in this application to decide on my eligibility. The information provided above is true and complete.

\_\_\_\_\_  
Date Applicant's Signature

**THANK YOUR FOR YOUR APPLICATION. PLEASE RETURN COMPLETED APPLICATION TO: Women's Opportunities Resource Center 2010 Chestnut Street, Philadelphia, PA 19103, Email: [receptionist@worc-pa.com](mailto:receptionist@worc-pa.com), Fax to 215-564-0933 Questions: Please (215) 564-5500**

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