



THE TRUSTEES OF THE SAILORS' SNUG HARBOR IN THE CITY OF NEW YORK

The Trustees of the Sailors' Snug Harbor in the City of New York (SSH) remains committed to the wishes expressed in the nineteenth century will of Captain Robert Richard Randall to assist with the care of elderly mariners in financial need.

SSH no longer owns or operates a retirement facility for mariners in Sea Level, NC or Staten Island, NY. Today, we assist mariners in their home communities, where they are more likely to be near family and friends.

This application will help us determine your eligibility and if you qualify, the amount of assistance you will receive.

ELIGIBILITY REQUIREMENTS

- 2,555 days on the water (inland or deep sea), with at least five years on U.S. flagged ships. (Some exceptions may be made)
- 60 years of age or older (exceptions may be made for those who are disabled)
- Proven need for financial assistance
- A resident of the USA or its territories

FINANCIAL SUBSIDIES

- SSH provides assistance with daily living expenses, which may include rent, utilities, transportation and other expenses. Decisions about which need will be subsidized and the subsidy amount will be made after a thorough review of the individual's financial records and specific needs.
- Approved financial subsidies are paid directly to the vendor.
- Each year, an applicant must reapply. A past year's approval does not ensure continued approval or a subsidy in the same amount in subsequent years.
- We review your application, while screening your eligibility for other types of benefits. If you are eligible for other benefits, we expect that you will do what is necessary; with our help if needed, to apply for them.

Please make sure you include the following in your application:

1. Copies of a recent statement from all of your and your spouse's financial accounts including debts. This allows us to verify your income and savings level.
2. Verification of your Merchant Mariner time (you may use the enclosed Coast Guard forms).
3. Please notarize the application.
4. If you file tax returns, please include copies of the returns for the last three years.
5. Please sign the IRS form 4506-T whether you file taxes or not. It helps us to verify your return or non-filing; it does not affect your taxes.

Please call if you have any questions

THE TRUSTEES OF THE SAILORS' SNUG HARBOR

Applicant Information			
Name:		Nickname/AKA:	
Date of Birth:	SSN:		
Current Age:	Phone Number:	Cell Phone:	
Current address:			
City:	State:	ZIP Code:	E-mail:
Are you a citizen of the US:		Place of Birth:	
Please be specific about what assistance you need and why.			
Are you a Veteran: Yes ___ No ___		What Branch:	Discharge Date:
Are you eligible for VA Benefits: Yes ___ No ___ Not Sure ___			
Marital Status: Married ___ Widowed ___ Divorced ___ Single ___ Separated(legal) ___ (non-legal) ___			
Number of Years of Marital Status: Spouse Name and date of birth:			
When was the last year you filed taxes? _____			
Employment Information			
What year did you begin your career at sea?		When did you retire from sailing?	
Why did you retire from sailing?			
What unions or companies did you work with?			
What was your position on the ship?			
How did you hear about us?			
Have you been employed ashore since retirement: Yes ___ No ___			
Positions: _____ Most recent annual job income: _____			

Emergency Contact Information

Name:

Address:

City:

State:

ZIP Code:

Email:

Relationship:

Phone:

Name:

Address:

City:

State:

ZIP Code:

Email:

Relationship:

Phone:

Other Assistance

Are you receiving or have you applied for any other types of assistance e.g. VA benefits, food stamps, meals on wheels, Medicaid, housing assistance? If yes, please explain.

Is there a local social service agency that presently assists you? If yes, which and how do they help?

Agency Name

Services Provided

How is your health? Do you have any limitations? How is your spouse's health (if applicable)?

Please list all your and your spouse's income (if married). This includes, but is not limited to wages, pensions, veteran's benefits, disability, social security or SSI, employment, government or charitable assistance, and income from friends or relatives.

Name of Person Receiving Income	Source of Income	Amount Received	How often received

Please list all assets for you and your spouse, (if married)

Homes:

List Location and value _____

List Location and value _____

Property (other than your home):

List Location and value _____

List Location and value _____

Checking/Savings Accounts

List Source and Value _____, _____

List Source and Value _____, _____

Stocks/Bonds/Investment Accounts:

List Source and Value _____, _____

List Source and Value _____, _____

IRA/Retirement/Money Purchase Accounts:

List Source and Value _____, _____, _____

Annuities: List Source and Value _____, _____

Life Insurance:

List Source and Value _____, _____

List Source and Value _____, _____

CD/Mutual Funds/Other:

List Source and Value _____

List Source and Value _____

Burial Funds: List Source and Value _____

Any Other Assets:

List Source and Value _____, _____, _____

Cash:

Automobiles:

Model/Year/Mileage _____

Model/Year/Mileage _____

Have you or your spouse given away any cash, created a trust, or sold/transferred any real estate, income or personal property in the past five years? _____ If yes, please explain.

List all of your and your spouse's debt (if married), if any.

Amount and Name: _____

Amount and Name: _____

Amount and Name: _____

Amount and Name: _____

Amount and Name: _____

Have you ever filed bankruptcy? _____ If yes, when? _____

Have you ever spoken with a debt counselor? _____ If yes, what did they recommend?

If you would like more information about financial education and debt counseling, we recommend you reach out to American Financial Solutions (AFS) www.myfinancialgoals.org. AFS is not affiliated with SSH, but they have provided counseling to mariners in our program for the last 15 years. They have provided two counselors to help the mariners in our program. For English speakers please call Janiece at 888-282-5492 ext. 2204, or jollila@myfinancialgoals.org. For Spanish speakers please call Theresa Benitez at 1-888-282-5492 extension 2188 or tbenitez@myfinancialgoals.org.

Please list your estimated monthly expenses below.

Rent/Maintenance Fee

Mortgage

Property Taxes

Electricity

Gas (for the home)

Water/Sewer

Cable/Internet

Telephone

Automobile Payments

Automobile Insurance

Life Insurance Premiums _____, _____, _____

Personal Loans

Home/Renter Insurance

Entertainment/Vacation

Doctors/Dentists

Medications

Food

Child Support/Alimony

Clothing

Transportation/Car Expenses

Other expense

Other expense

Other expense

Other expense

Social Questions:

Do you own your own home?

Who lives with you?

Do you feel your home is adequately furnished?

Is your home adequately heated in the winter?

Do you have air conditioning?

Do you drive?

Do you have access to a vehicle?

If not, how do you get around? Taxi_____ Bus_____ Family/Friends_____ Other_____

Do you cook for yourself? If no, who does the cooking?

Do other people rely on you for financial assistance? If yes, please explain.

If you would like to give us some other additional information about yourself, please do so:

I am hereby applying for assistance from the Trustees of the Sailors' Snug Harbor in the City of New York (SSH). I certify that the information provided is truthful and complete to the best of my knowledge. If I am approved by SSH to receive financial assistance, I agree to submit a complete and current financial report each year. I also agree to furnish The Trustees of the Sailors' Snug Harbor with information if my income changes, within 30 days of that change. I also give permission for information to be released to other agencies that could be of benefit to my situation.

Applicant Signature_____

Date_____

Notary Public_____

Applications will not be accepted without a notary.

For more information please contact:

The Trustees of the Sailors' Snug Harbor in the City of New York

260 W. Broadway, Suite #4 New York , New York 10013

Telephone 646-465-8585 Fax 212-513-0243 Toll Free 1-888-257-5456

Email: Info@thesailorssnugharbor.org

Commanding Officer (NMC-4A)
US Coast Guard National Maritime Center
Correspondence Staff
100 Forbes Drive
Martinsburg, WV 25404

Dear USCG,

I am writing to request copies of my US Coast Guard discharges to be sent to the Sailors' Snug Harbor as soon as possible:

The Trustees of the Sailors' Snug Harbor
260 W. Broadway, Suite #4 New York , NY 10013

They require me to verify my Sea Time before they can offer me assistance. If you have any questions, please contact me.

Thank you for your help,

Name

Signature

Social Security Number

Z-Number



Privacy Act Statement. In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Requests will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester ¹ _____

Citizenship Status ² _____ Social Security Number ³ _____

Current Address _____

Date of Birth _____ Place of Birth _____

OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to:

The Trustees of the Sailors' Snug Harbor, 260 W. Broadway, Suite 4, NY, NY 10013 info@thesailorssnugharbor.org 646-465-8585

Print or Type Name

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature ⁴ _____ Date _____

¹ Name of individual who is the subject of the record(s) sought.

² Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

³ Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

⁴ Signature of individual who is the subject of the record sought.

Request for Transcript of Tax Return
Do not sign this form unless all applicable lines have been completed.
Request may be rejected if the form is incomplete or illegible.
For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, suite, or inmate no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. 1040

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Tax return transcripts for individuals are available for the Form 1040 series. A list of the tax return transcripts that are available for a business can be found at www.irs.gov/businesses/get-a-business-tax-transcript. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
Sign Here		
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	