

# THE PRESSER FOUNDATION

*Over 75 Years of Music Philanthropy*

## ASSISTANCE TO MUSIC TEACHERS PROGRAM UPDATE FORM

In order that The Presser Foundation may review your grant when considering a possible renewal, please fill out the following Update Form and return it to this office (along with other relevant tax information) no later than **September 1, 2017**. Thank you.

### CONTACT INFORMATION

Name of  
Assistance Recipient:

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Date of Birth:

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Address:

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Dependent(s):

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Telephone Numbers:

(Please indicate your primary telephone preference.)

Land Line:

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Cell Phone:

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Email Address:

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Name of Emergency Contact/  
Power of Attorney\*:

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*\* If Power of Attorney is in place please include documentation if not previously provided.*

Relationship with Assistance  
Recipient:

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Address:

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Telephone Numbers:

(Please indicate your primary telephone preference.)

Land Line:

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Cell Phone:

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Email Address:

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## FINANCIAL INFORMATION

Income	Amount Per Month	Amount Per Year
Presser Foundation Grant	\$	\$
Teaching Fees or Salary	\$	\$
Social Security	\$	\$
Pension	\$	\$
Annuity	\$	\$
Trust	\$	\$
Rental	\$	\$
Dividends	\$	\$
Interest	\$	\$
Other (describe)	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>

Assets	Bank/Institution	Amount
Checking Account		\$
Savings Account		\$
Investment Account		\$
Qualified Retirement Plan		\$
Life Insurance (death benefits)		\$
Other (describe)		\$
<b>Sub-Total</b>		<b>\$</b>

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**FINANCIAL INFORMATION (CONTINUED)**

Assets	Description/ Encumbrances	Assessed Value
Real Estate (in your name)		\$
Other (describe)		\$
<b>Total Assets</b>		\$

Debts	Description	Amount
Debts		\$
Mortgages		\$
Obligations		\$
Other (describe)		\$
<b>Total Debts</b>		\$

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## FINANCIAL INFORMATION (CONTINUED)

Expenses	Amount Per Month	Amount Per Year
Rent or Mortgage	\$	\$
Real Estate Taxes	\$	\$
Homeowners Insurance	\$	\$
Utilities:		
Heat (i.e. oil, propane)	\$	\$
Electric	\$	\$
Water/Sewer	\$	\$
Telephone/Cable/Internet	\$	\$
Food	\$	\$
Medical:		
Prescriptions	\$	\$
Medical Premiums <u>not paid</u> by The Presser Foundation	\$	\$
Other (i.e. medical co-pays, dental)	\$	\$
Life Insurance Premium	\$	\$
Automobile:		
Vehicle Payments	\$	\$
Insurance	\$	\$
Gas	\$	\$
Maintenance	\$	\$
<b>Sub-Total</b>	<b>\$</b>	<b>\$</b>

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## FINANCIAL INFORMATION (CONTINUED)

Additional Expenses	Amount Per Month	Amount Per Year
Please list other expenses you incur on a regular basis: (i.e. pet care, home maintenance, expenses associated with dependents)		
<b>Total Expenses (including expenses listed on previous page)</b>	\$	

\*If the Assistance Recipient does not file a tax form, please indicate year of last federal tax filing.

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Please explain any changes to specific circumstances of financial need.

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Date: \_\_\_\_\_

Signature: \_\_\_\_\_