

Senior Citizen Application Form

APPLICANT INFORMATION

- Full Name: _____
- Date of Birth: _____
- Gender: ☐ Male ☐ Female ☐ Other
- Address: _____
- City: _____ State: _____ ZIP Code: _____
- Contact Number: _____
- Email Address: _____

CITIZENSHIP DETAILS

- Are you a current U.S. Citizen? ☐ Yes ☐ No
- If not, are you applying for naturalization? ☐ Yes ☐ No
- Country of Birth: _____

ELIGIBILITY CRITERIA

- ☐ Over 60 years old
- ☐ Permanent U.S. resident for more than 5 years
- ☐ Receiving Social Security or pension benefits

DECLARATION

I, _____, declare that the information provided is accurate to the best of my knowledge.

Signature: _____ Date: _____