All 4 the Members

Assistance Application

Submitted by _____

Company _____

Phone # _____

Email _____

Date _____

Name _____**Date of birth**_____ **Sex**_____

Address _____ **City** _____**Zip** _____

Email address _____ **Phone #** _____

1. Are you receiving any assistance from local, county, state or federal government?

Yes __ No __ If yes, describe the assistance:

2. Do you qualify for assistance from local, county, state federal government or agencies

Yes __ No __ If yes what type of assistance are you qualified to receive:

3. Are you a veteran? Yes __ No __ If yes describe any benefits you are receiving:

4. Do you have any health insurance that covers related products or services?

Yes __ No __ If yes, list the companies and policy numbers:

5. Is there a guardian or anyone else legally responsible for your medical bills?

Yes __ No __ If yes, give the name, address and phone number of the person:

6. Are you employed? Yes __ No __ If yes is your pay period

Weekly __ Every other week __ 1st and the 15th of the month __ Monthly __
How much do you gross per pay period? _____
How much do you net per pay period? _____

7. Do you own your own home? Yes __ No __ If yes are you still making payments Yes __ No__

How much is each monthly payment: _____

8. How much do you have in savings to which you have immediate access:
Does not include qualified retirement _____

9. What is your monthly net income: Your employment: _____

Social Security _____ Retirement _____

Investments _____ Other _____

Total monthly income: _____

10. What are your monthly expenses: Rent or house payment: _____

Utilities _____ Food_____ Medical Bills _____

Car payment _____ Other transportation _____ Other _____

Total monthly expenses _____

11. In a few words describe the need for assistance: (use another sheet if needed)

I certify that the above is true and correct and I request that I be considered for assistance.

_____ _____

Beneficiary Signature Date

_____ _____

Signature if Beneficiary is unable to sign Date

_____ _____

Print name of person signing for beneficiary Relationship

_____

Reason beneficiary is unable to sign

----------OFFICE USE ONLY----------

Approved ____ Not Approved _____ Amount _____ Date _____

Comments:

Authorized Signature: _____