



### Applicant (Guardian) Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment /Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Active Email Address: \_\_\_\_\_

All information relating to financial hardship requests will be kept confidential among the Board of Directors.

Please submit proof that applicant has circumstances indicating financial hardship. These can be situations such as:

- a. insufficient income, at least 100% below median local income
- b. proof of bankruptcy settlement
- c. catastrophic situations (death or disability in family, divorce)
- d. or other documentation that shows that applicant would be unable to pay bills and still be able to pay for other basic necessary expenses.

#### MONTHLY FAMILY INCOME & SOURCE

\_\_\_\_ Mother    \_\_\_\_ Father    \_\_\_\_ Other Responsible Party    \_\_\_\_ Children Working

Monthly Salary (Gross) \$ \_\_\_\_\_

Public Assistance Benefits \$ \_\_\_\_\_

Unemployment Benefits \$ \_\_\_\_\_

Social Security Benefits \$ \_\_\_\_\_

Workman's Compensation \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Other (Alimony, Etc.) \$ \_\_\_\_\_

TOTAL FAMILY INCOME \$ \_\_\_\_\_

I HEREBY ACKNOWLEDGE THAT THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT. I AUTHORIZE (YOUR COMPANY] TO VERIFY ANY INFORMATION CONTAINED IN THIS DOCUMENT FOR THE SOLE PURPOSE OF ASSESSING FINANCIAL NEED.