

# **Community Resource Foundation**

Application for Financial Assistance

## **Identifying Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_

How did you learn about the CRF's Financial Assistance Program? \_\_\_\_\_

Relationship to the Community:

Member \_\_ Spouse \_\_ Child \_\_ Grandchild \_\_ Other (explain): \_\_\_\_\_

If you are applying through your relationship to a Community member, list Member's name/dates of residence \_\_\_\_\_ / \_\_\_\_\_

*For Members:*

List some of the activities in which you participated:

\_\_\_\_\_

Who were you close to back in the community? \_\_\_\_\_

Who do you keep in touch with now? \_\_\_\_\_

## **Financial Status**

No. of dependents \_\_\_\_ Names/ages \_\_\_\_\_

\_\_\_\_\_

Employment: employed part-time \_\_ full-time \_\_ unemployed \_\_ student \_\_

I receive (fill in all areas that apply):

Salary \$ \_\_\_\_\_ per month/year (circle one) \$ \_\_\_\_\_ SSI/year,

\$ \_\_\_\_\_ SSD/year, \$ \_\_\_\_\_ other (please specify) : \_\_\_\_\_

**Amount of all current debts \$ \_\_\_\_\_**

Monthly expenses: \$ \_\_\_\_\_ rent/mortgage \$ \_\_\_\_\_ utilities (gas, oil, electric)

\$ \_\_\_\_\_ car payments \$ \_\_\_\_\_ car repair/gasoline \$ \_\_\_\_\_ car insurance

\$ \_\_\_\_\_ medical/dental expenses \$ \_\_\_\_\_ groceries \$ \_\_\_\_\_ cable/internet

\$ \_\_\_\_\_ phone \$ \_\_\_\_\_ household repairs \$ \_\_\_\_\_ credit card payments

\$ \_\_\_\_\_ travel/eating out/entertainment

Other Expenses (specify): 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_

**Assets:**

Cash/Checking/Savings: \$ \_\_\_\_\_ Home Equity \$ \_\_\_\_\_

Other: (please specify): \_\_\_\_\_

**Your Request**

Amount \_\_\_\_\_ Reason for Request: \_\_\_\_\_

Items I need to purchase \_\_\_\_\_

All other sources (family, personal, government programs) I have requested aid from \_\_\_\_\_

Supporting documents I have attached \_\_\_\_\_

*All information shared above will be kept completely confidential, with no access by anyone except CRF Board members. Please do not hesitate to contact us with questions or concerns, or if you need help in completing this form. Feel free to use more pages, and please include copies of supporting documents if desired.*

**Agreement to submit receipts**

I, \_\_\_\_\_, understand that if the Community Resource Foundation approves part or all of my request for financial aid, I agree to submit receipts for all approved expenditures. If an emergency arises for an unanticipated necessary living expense that has not been approved, I agree to call my CRF contact person to obtain approval before spending the funds. I understand that my compliance with these requests may affect my standing with respect to future qualification for CRF aid and services.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Send form and supporting documents to one of the following:*

Mail:

*Community Resource Foundation  
c/o Julie Howard  
27 Buttonwood Street  
Lambertville, NJ 08530*

Fax: 888-887-4744

Or scan your completed form and supporting documents and email to:  
[julie@communityrefound.org](mailto:julie@communityrefound.org)

*Receipt of your request will be acknowledged promptly. Thank you very much.*