

Community Resource Foundation

Application for Financial Assistance

Name _____

Address _____

Home Phone _____

Cell _____

Email _____

DOB _____

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

RELATIONSHIP TO THE BROTHERHOOD/ RENAISSANCECOMMUNITY: Member__Spouse__.

Child of member__. Grandchild of member __

Other (explain): _____

If you are applying through your relationship to a Community member, list

Member's name _____

Member's Dates of residence in the Community:

From _____ To _____

For Members: List some of the activities in which you participated:

Who did you spend a lot of time with back in the
community? _____

Who do you keep in touch with now? _____

FINANCIAL STATUS:

No. of dependents _____ Names/ages _____

Current Employment: Part-time? __ Full-time ? __ Unemployed? __ Student? __

CURRENT INCOME:

Salary \$ _____ per month/year (circle one)

Soc. Sec. \$ _____ SSI \$ _____ SSD/ \$ _____

Interest and Investments \$ _____ Rentals _____

Pension or annuities _____

Other (please specify) : _____

Amount of all current debts \$ _____ Types? _____

MONTHLY EXPENSES:

rent/mortgage \$ _____
utilities (gas, oil, electric) \$ _____
car payments \$ _____
car repair/gasoline \$ _____
car insurance \$ _____
medical/dental expenses \$ _____
groceries \$ _____
cable/internet \$ _____
phone \$ _____
household maintenance \$ _____
credit card payments \$ _____
travel/eating out/entertainment _____
Other Expenses (specify): 1. _____
2. _____ 3. _____

ASSETS:

Cash/Checking/Savings: \$ _____ Real Estate Equity: \$ _____
Retirement Accounts: \$ _____
Other: (please specify): _____

YOUR REQUEST AMOUNT \$ _____

REASON FOR REQUEST:

ITEMS/SERVICES YOU NEED TO PURCHASE _____

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

SUPPORTING DOCUMENTS YOU 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

Or attach your completed form and supporting documents and email to:

julie@communityrefound.org

Receipt of your request will be acknowledged promptly. Thank you very much. Fax: 888-887-4744