

# ICON Helping Hand Grant

ICON CHARITIES | P O Box 11 | Kottayam 686 502  
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Reg. No.: 17/IV/2021

*in pursuit of increasing quality of life*



ICON Helping Hand is a temporary financial help program, given to families going through difficult situations beyond their control like natural calamities, medical emergencies or personal tragedies which are not of their own making. The beneficiaries are known to ICON volunteers or its supporters who therefore can speak for their plight to ICON community, on their behalf.

*Please complete all information legibly and honestly; incomplete form will not be considered.*

Applicant Information		Date: <span style="font-family: monospace;">D D M M Y Y Y Y</span>	
<div style="border: 1px solid black; height: 100px; margin: 0 auto; width: 80%;"></div> <p>Paste Applicant Photo Here</p>	(1) Full Name	(2) Aadhaar No:	(3) Age
			(4) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	(5a) Address (Family Name, Post Office, Place, etc)		(5b) Education
			(5c) Occupation
		(5d) Phone Number	
<b>Family Information</b>			
Spouse/ Mother	(6a) Name	(6b) Aadhaar No:	(6c) Age
			(6d) Education
			(6e) Occupation
(7) Other family members living at the same address: Name, Age, Relationship, Education & Occupation		(8) Monthly Income: Rs.	(9) Land Owned (Cents)
			(10) House Area (SqFt)
		(11) BPL <input type="checkbox"/> Yes <input type="checkbox"/> No	
(12) Name of the family member who have special needs (chronic sickness, disabled), if any. Explain			
<b>Reason for help</b>			
(13) Explain the situation that needs public assistance. Attach documents as needed.			
<b>References</b> Give min. one reference, who knew the individual or the family and not related to the beneficiary.			
(14) Name, Address & Phone No		(15) Name as per passbook:	
		Bank Name & Branch:	
		Acct. No.	
Signature of Referee:		IFSC Code:	
Date:			
<b>Office Use Only</b>			
(a) File Number	(b) Web Ref Number	(c) ICON Volunteers/Initial Contact/Supporter	(d) Suggested Amount
I D K			
(e) ICON Note		(f) Getting Other Help: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, source and the amount	
(g) Religion	(h) Caste/Denomination	(i) Date Approved	(j) Check No. & Date
		(k) Date Given	(m) Given Amount

Attachments: Request Letter (Optional), Recommendation letter, Ration Card Copy, Passbook Copy.