# Angels Among Us, Inc.

# Financial Assistance Application for Individual and Families

**Financial Assistance Application for Individuals and Families**

We appreciate your interest in Angels Among Us, Inc. (“AAU”.) One goal of AAU is to provide financial support to individuals. The financial support focuses on providing necessities such as food, clothing, shelter and defraying medical costs. We strive to help families in financial crisis, and to care for the neglected, abused and disadvantaged members of our community. Our ability to raise funds determines the amount of assistance we are able to give on an annual basis. Financial assistance is available within our financial resources.

Please complete the attached application to be considered for assistance. Only completed applications will be considered. Please mail your completed application and the following documents to:

*Attn: Angels Among Us, Inc., 7154 W. State Street #191, Garden City, ID 83714*

**\*Current Federal Tax Return and Current W2**

**\*Current last two (2) pay stubs.**

**\*Other income (child support, welfare, SSI)**

Your application will be given consideration and you will be notified as soon as possible. We will notify you via phone or in writing. Please fill out the following information and attach the required documents. A letter stating your reason for your request must accompany this application. All information of a personal nature will be held in confidence.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a single parent household? \_\_\_\_Yes \_\_\_\_No

Have you ever received financial assistance from AAU? \_\_\_\_Yes \_\_\_\_No

Are you currently employed? \_\_\_\_Yes \_\_\_\_No

* *If yes, please list the Name, Address and Phone Number of your current employer:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* *If yes, number of years employed at current employment:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently enrolled in school? \_\_\_\_Yes \_\_\_\_No

* *If yes, please indicate the name of the school:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently receiving financial aid or grants of any kind? \_\_\_\_Yes \_\_\_\_No

* *If yes, please indicate your current source of other aid:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check your present household income level:

\_\_\_ Under $8,000 \_\_\_ $8,001-$10,000 \_\_\_ $10,001-$12,000

\_\_\_ $12,001-$14,000 \_\_\_ $14,001-$16,000 \_\_\_ $16,001-$18,000

\_\_\_ $18,001- $20,000 \_\_\_ $20,001-$25,000 \_\_\_ $25,001-$32,000

\_\_\_ Over $32,000

Please itemize your monthly income and expense items

**Income**  **Expenses**

Wages, Salaries and Tips $\_\_\_\_\_\_ Rent/Mortgage $\_\_\_\_\_\_

Unemployment Compensation $\_\_\_\_\_\_ Utilities $\_\_\_\_\_\_

Social Security Compensation $\_\_\_\_\_\_ Food $\_\_\_\_\_\_

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

Aid to Dependent Children $\_\_\_\_\_\_ Phone $\_\_\_\_\_\_

401K/Retirement Funds $\_\_\_\_\_\_ Car/Insurance $\_\_\_\_\_\_

Alimony $\_\_\_\_\_\_ Medical $\_\_\_\_\_\_

Other (Insurance, etc.) $\_\_\_\_\_\_ Other $\_\_\_\_\_\_

*If Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**TOTAL INCOME** $\_\_\_\_\_\_ **TOTAL EXPENSES** $\_\_\_\_\_\_

Why are you applying for assistance?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What will you do with your assistance? Be specific, please.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the above information is true, accurate and complete to the best of my knowledge. Full authorization is hereby granted to AAU to further investigate and verify all of the above and attached information in order to substantiate my request for assistance. I understand that false or incomplete information could jeopardize my financial assistance.

I agree to inform AAU immediately of any change in my income and return any portion of the grant that is used for an improper purpose or that is no longer needed to address the original need. I also agree to report in writing to AAU the particular use of the grant.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR AAU USE ONLY**

Determination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of AAU Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Contacted Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_