



Fashion Your Mind Organization
P.O. Box 5995 San Jose, CA 95150
Phone: 1-408-883-3966
Email: admin@fymo.org Web: www.fymo.org

APPLICATION FOR HOUSEHOLD GOODS

<p><u>Applicant Information</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>City/ ZIP: _____</p> <p>Phone: _____ Cell: _____</p> <p>Email: _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Applicant Date of birth: _____</p> <p>Number of adults in household: _____</p> <p>Number of children in household: _____</p> <p>Family Total Income: _____</p> </div>	<p><u>Referral Agency</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>City/ZIP: _____</p> <p>Phone: _____</p> <p>Email _____</p> <p>Case worker _____</p> <p>Reason for referral: Cancer Patient _____ Homeless or Transitioning from Homelessness _____ In need and meet income qualification _____ Foster Youth _____ Other _____ Please state _____</p>	<p><u>Processing Fee</u></p> <p align="center">\$50</p> <p>Paid by Agency: \$ _____</p> <p>Paid by Client: \$ _____</p> <p>Paid by Sponsor: \$ _____</p> <p>Paid by Other: \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Name: _____</p> <p>Address: _____</p> <p>City/ZIP: _____</p> <p>Phone: _____</p> <p>Email _____</p> </div>
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Male Female Ethnicity: White African American Latino Asian Other _____

Specify your needs below. We do our best to match your request with items we currently have available.

Items	Items Requested	Items	Items Requested
Kitchenware: Cookware, Crockpot, Blender, Coffee/Teapot, Dishrack		Kitchenware: Storage Containers, Utensils, Toaster	
Bedding: Comforter, Sheets, Mattress Pad, Pillow (write-in bed size)		Window/Flooring: Curtains, Vacuum, Mop, Broom	
Bath: Towels, Rugs, Shower hanger/Caddie		Other Items: Trash Can, Iron/Iron Board	

Please be aware that all items are based on availability. Applicants must also meet FYMO's eligibility requirements.

The undersigned does hereby request the services of FYMO. It is understood that FYMO provides these services at no charge, for charge or partial when agreed and that, in consideration thereof, the undersigned does hereby waive, release and relinquish all claims, against FYMO and its volunteers, agents, directors, employees, associated sponsors, and stockholders from any and all liability.

By checking this box, I understand that my photograph(s) and/or mention of how this donation has helped me and my family may be shared by FYMO and grant permission to do so with my full acknowledgement.

Signature: _____ **Date:** _____

Email this form to admin@fymo.org or mail to: FYMO, P.O. Box 5995, San Jose, CA 95150

All information is strictly confidential and is for FYMO's use only.