

FOR THE KIDS

Benefit Foundation, Inc.

Application for Assistance

Thank you for trusting us with your story. This form helps us understand what you're facing so we can determine the type of support you may qualify for. Please complete all sections as accurately as possible so we can explore how we may be able to support you.

* Indicates required question

Personal Information

Share your basic contact details so we can stay in touch with you and keep you updated throughout the review process. Please ensure everything is accurate and up to date.

Name *

Email

Age *



Address *

Phone Number *

Marital Status *

Single

Married

Divorced

Seperated

Widowed

Name & ages of children living in the home *

| | |
|-------|-------|
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How Can We Help?

Tell us what challenges you're facing and the type of support you're hoping for. Your honesty helps us understand your needs and respond in the most helpful way.

Please share the kind of help you're hoping to receive *

Please explain the circumstances that created your current need for support *

Please share the best times & days for a board member to contact you to discuss *
your situation and how we can support you



Employment & Other Income Information

Provide details about your current employment, household income, and any additional sources of financial support and benefits you receive. This helps us see the full picture of your financial circumstances so we can determine how we can best support your needs.

Are you currently employed *

- Yes - If Yes Complete "Current Employer Information"
- No - If No Complete "Most Recent Employer Information"
- Other: _____

Current Employer (Company Name)

Contact Person Name & Phone Number

Most Recent Employer (Company Name)

Contact Person Name & Phone Number



If married or living with a significant other, is your spouse employed? *

- Yes
- No
- Other: _____

If you share a household with a spouse or significant other, include total household amounts in the sections below :

Monthly Gross Income *

Do you receive child support for the children living in the home? *

- Yes - If yes provide the amounts below
- No - If no continue to the next question

Provide amount of monthly child support received for each child living in the home

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Select any agencies that provide you with financial assistance. If you receive * support from a source not listed, use the "Other" option to include it. If you do not receive assistance, you may enter N/A in the "Other" field.

- Unemployment
- Disability
- Social Security
- Workers Compensation
- Food Assistance (SNAP/WIC/EBT)
- Housing Assistance
- Cash Assistance (TANF)
- Other: _____

What amounts do you receive from each of the agencies selected above?

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

Have you reached out to other organizations for assistance in the last 12 months? *

- Yes - If yes provide the details below
- No - If no continue to the next question

Which organizations provided assistance and how much was provided by each?

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

If you do not have any income how are you currently paying your living expenses?



Monthly Expenses

Share your regular monthly bills and living costs with us so we can understand the financial responsibilities you're carrying. This helps us understand your current obligations and determine the level of assistance that truly helps lighten the load.

Do you currently rent or own your home? *

Rent

Own

Other: _____

Please provide the monthly amounts you personally pay for each expense listed below. If you share a household with a spouse or significant other, include total household expenses where applicable

Rent/Mortgage Payment *

Electricity *

Natural Gas *

Water/Sewer/Trash *

Cable/Streaming Services *

Telephone *

Vehicle Payment(s) *

Vehicle Insurance *

Vehicle Gas *

Food *

Health Insurance *

Prescriptions/Co-Pays *

Child Support *

Other monthly expenses we should consider

Thank you for you application

Thank you for taking the time to share your information with us.

This application can be emailed to Kari@4tkids.com or given to any of our Board Members for consideration.

Once your application has been reviewed a Board Member will reach out to you to discuss your request and talk through the next steps in the process.

We appreciate your trust in us and are here to support you as best we can.