

# Children's Aid Club

3296 N. FEDERAL HIGHWAY, #11503, FT. LAUDERDALE, FL 33339-8422

## APPLICATION FOR EMERGENCY FUNDING

This application is for families who are in crisis. Our standard guidelines apply: we do not pay for mortgages, deposits, or late fees, and the families must have a plan to sustain themselves after they receive our assistance.

Date: \_\_\_\_\_ Name of Family \_\_\_\_\_  
(Last name and first initial only)

Referred by \_\_\_\_\_  
\_\_\_\_\_  
(Organization, contact person, phone number, and email)

Home Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_  
SSN# -Last 4 digits only: \_\_\_\_\_

Are you or your spouse a veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of Adults (over 18) \_\_\_\_\_ Number of children (under 18) \_\_\_\_\_

Are you working? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, have you applied for unemployment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you have not applied, why not? \_\_\_\_\_

What is the occupation and current salary of every working person in the household?

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

If not working, what was your previous job, how long did you work there, what was your salary and when and why were you laid off? \_\_\_\_\_

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

When do you expect to return to full time work (at least 32 hours per week)? \_\_\_\_\_

Do you expect to return to your previous job? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you actively looking for a job? \_\_\_\_\_ Yes \_\_\_\_\_ No

List all other income you receive:

Alimony	\$ _____	Tips	\$ _____	Part Time or	
Child Support	\$ _____	Food stamps	\$ _____	Temporary Work	\$ _____
Disability/SSI	\$ _____	Unemployment	\$ _____		

Did you receive an income tax refund in 2023? \_\_\_\_ Yes \_\_\_\_ No How much? \_\_\_\_\_

How did you spend it? \_\_\_\_\_

Are you or anyone in your family expecting money from a family member, an income tax refund, or another source in the next three months? \_\_\_\_ Yes \_\_\_\_ No How much? \_\_\_\_\_

How will you spend it? \_\_\_\_\_

If you will not receive one, why not? \_\_\_\_\_

How will you (or how did you) spend it? \_\_\_\_\_

What are your specific financial needs at this time, and what amounts are due:

__ Rent - \$ _____	__ Water- \$ _____	__ Child Care - \$ _____
__ Electric - \$ _____	__ Cable - \$ _____	__ Car Payment - \$ _____
__ Phone - \$ _____	__ Gas - \$ _____	__ Insurance - \$ _____
__ Food - \$ _____	__ Clothing - \$ _____	
__ Other - \$ _____		

Please indicate which of the above are the most important to be paid by placing a 1,2,3,4 in the space before each category. Example: 1 Rent 2 Phone 3 Electric

Are there additional factors you want to include?

**Please provide copies of all bills for which you need help.**

The above information is true to the best of my knowledge \_\_\_\_\_

Applicant's Signature

Return this application to \_\_\_\_\_