



3296 N. FEDERAL HIGHWAY, #11503, FT. LAUDERDALE, FL 33339-1503

Application for Funding...Individuals and Checklist

Referred to & Submitted by CAC member:

Dear Requester PLEASE PRINT CLEARLY and complete ALL line items within the application and the Checklist on page 4 . All the information will be verified by a CAC member.

Date: Name of Individual/Family:

Referred by:(organization, contact person, and phone#)

Number of Children in home under the age of 18:

Home Address: SSN# -Last 4 digits only:

Email Address:

Cell Phone: Home Phone: Work Phone:

1. ARE YOU OR YOUR SPOUSE A VETERAN? YES NO

2. Are you in fear of being homeless, or have you been homeless in the last 2 yrs.? Yes NO

2a. If yes, When? How long?

3. What are your specific financial needs for this request?

4. Anything past due?

5. What led you to ask for help?

6. What are your plans to support yourself, and when will it happen?

7. Children in your home: Names and ages of children living in your home and clothing sizes:

*We ask for sizes in the event clothes may be needed for the children.

Name: M F Age clothing sizes:

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18. LIST ALL EXPENSES PER MONTH

Rent:	Mortgage:	Home Phone:	Cell:	
Water:	Food:	Cable:	Electric:	Medical Insurance:
Vehicle Payment(s):	Vehicle Insurance :	Gas:	Day Care/Aftercare:	

19. List all other expenses with the amount for each one:

20. List any of the expenses that are PAST DUE and how many months they are behind:

21. How many vehicles do you own?

21a. Year & make ?

22. If you have a loan for your vehicle(s), list agency Name:

Address:
Phone #
Acct#

23. Name of insurance company covering your vehicle(s):

Address:
Phone#
Acct#

24. Do you rent or own your home?

25. If you Rent what is the Name of your Landlord/Leasing company?

Name:
Address:
Phone #

26. How is day care provided?

27. If applicable - List name and address of day care provider.

Name:
Address:
Phone #

******If you need more space, please attach another sheet of paper to this application******
Please attach a copy of your latest tax return filed, your most recent Bank Statement, and a copy of the latest W-2 form for all adults in your home. Attach copies of bills and invoices for all expenses you have listed.

CHECKLIST

The following is a Checklist for the individual(s), counselors, or Social Workers completing this Application for Funding. This will help make sure that the form has been completed and you know the items Children's Aid Club (CAC) does not fund and other important information. The Application and Checklist must be completed before the CAC Board Members can review it for possible funding.

- 1. I know that CAC does not fund Mortgages, Deposits or Late Charges of any kind.**
- 2. I know that each question within the application must be answered before CAC will review the application for possible funding.**
- 3. I know that copies of the latest tax return filed, most recent bank statement, and a copy of the latest W2 form for all adults in the home with copies of the bills and/or invoices for all expenses listed must come with the application.**
- 4. I have printed/typed the application to make sure all information I gave can be read easily.**
- 5. I gave all names, addresses, phone numbers and dates about anyone worked for, working for, or has worked for, or any companies monies may be owed to.**
- 6. I made copies and attached documents asked for.**
- 7. I made copies of the bills and/or invoices for all expenses listed.**
- 8. I have filled out every item in the application as well as checked each box in this Checklist, which will allow CAC to review my application for possible funding.**

Your Name:

Your signature:

Please Print your name above