

Blessings Boutique Thrift Store

Financial Support Application

Instructions: Please complete all sections of this application. All information will be kept confidential and used only to determine eligibility for financial support. We provide financial support for medical costs, blessing bags, literature, and other support depending on the needs.

Submission: All completed applications and supporting documents must be emailed to: applications@blessingsboutique.store

Applicant and Spouse Information

Full Name: _____

Address: _____

Rent or Own: _____ **Monthly Amount:** \$ _____

Monthly Utilities: \$ _____

Credit Card Payments: \$ _____

Cell Phone: _____

Email: _____

Birthday: _____

Number of Dependents: _____

Ages and Sex of Dependents: _____

Spouse Full Name: _____

Address: _____

Rent or Own: _____ **Monthly Amount:** \$ _____

Monthly Utilities: \$ _____

Credit Card Payments: \$ _____

Cell Phone: _____

Email: _____

Number of Dependents: _____

Ages and Sex of Dependents: _____

Eligibility

Are you a U.S. citizen? Yes No _____

If no, are you authorized to work in the U.S.? Yes No

Do you have insurance? Yes No _____

If yes, what is the name and phone number?

Have you ever been convicted of a felony? Yes No _____

If yes, please explain: _____

References

Please list two professional or personal references, excluding family members.

Reference 1:

Name: _____

Relationship: _____

Company: _____

Phone: _____

Address: _____

Email: _____

Reference 2:

Name: _____

Relationship: _____

Company: _____

Phone: _____

Address: _____

Email: _____

Current Employment

List your and your spouse's current employer, if applicable.

Applicant Employer:

Company: _____

Address: _____

Supervisor: _____

Phone: _____

Salary: _____

Spouse Employer:

Company: _____

Address: _____

Supervisor: _____

Phone: _____

Salary: _____

Military Service (if applicable)

Branch: _____

Dates of Service: From ____ **To** ____ _____

Rank at Discharge: _____

Type of Discharge: _____

If other than honorable, please explain: _____

Certification and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to support, I understand that false or misleading information may result in denial or termination of assistance.

Applicant Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

Supporting Documents

Medical Bill

Paystub within the last 30 days

Most recent bank statement