

APPLICATION FOR FINANCIAL AID

A program of Ginger's Closet & Forks Disaster Relief

Please print. Open to residents of the West End or those undergoing a crisis that occurred in the West End. Income and/or need verification may be requested.

Personal information is requested solely for our records and will not be shared or sold.

Demographic information is requested to help us understand who we serve.

NAME _____

MAILING ADDRESS _____

STREET ADDRESS _____

CITY _____ ZIP _____ PHONE _____

YEAR OF BIRTH _____ ETHNICITY/RACE _____ SEX _____

DO YOU RECEIVE ANY OF THE FOLLOWING (CIRCLE ALL THAT APPLY):

FOOD STAMPS

TANF

VETERANS AID

HEAD START

WIC

MEDICAID (APPLE HEALTH)

SUPPLEMENTAL SECURITY INCOME (SSI)

IF YOU DID NOT CIRCLE ANY OF THE ABOVE, PLEASE LIST YOUR HOUSEHOLD'S TOTAL

GROSS MONTHLY INCOME _____ SOURCES _____

EXPENSES (estimated):

RENT _____ FOOD _____ UTILITIES _____ MEDICAL _____

AMOUNT OF FINANCIAL AID YOU ARE REQUESTING? \$ _____

WHAT IS THE NATURE OF YOUR FINANCIAL NEED? _____

SIGNATURE _____ DATE (MM/DD/YEAR) _____