

Beards With a Cause

Application for assistance

_____ Date

Name _____

Address _____

Phone _____

I, _____, am currently going through a hardship, and seeking assistance with certain household items such as rent, daycare, utility bill, etc. I understand, and agree this is a conditional assistance program from BWC, and they are in no way obligated to give assistance if I am being fraudulent, and/or become more financially stable. This assistance is temporary, and is not for self-gain, but is for the true welfare of myself, and my family. I agree to give BWC any documents they request for proof of income, household bills, assets, and other documents pertaining to my finances, if requested. BWC has made it clear that ALL information regarding my needed assistance is confidential, and will NOT be shared with anyone outside the BWC organization; however, I do authorize them to have access to my finances to better understand my situation, and so it assists with the validity of my financial distress, as well as assisting them with their decision.

Signed _____

Please list the type of assistance in which you need

Have you asked for an extension on due dates to keep any utilities from being shut off and possibly being charged additional charges? _____ yes _____ no

Can you provide proof of past due bills? _____ yes _____ no

Are you or anyone in the home able to work legally in the US? _____ yes _____ no

List ALL sources of income and who receives them:

Name	Source
_____	_____
_____	_____
_____	_____

Does anyone in the household receive child support, welfare, alimony, inheritance, and/or any other outside funds?

Name	Source	How Much	How Often
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you rent or own your home? _____ yes _____ no. If owned, Mortgage _____

If you rent your home, please list apt complex or company you rent from

Please list ALL monthly utility bills (cell phone, internet is NOT considered a utility)

Utility	amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**** Must provide proof of any and all utility bills ****

Do you have an auto payment ?

Company	How Much
_____	_____
_____	_____

Is there any children in the home? ____ yes ____ no

Name	Age
_____	_____
_____	_____
_____	_____

Do you pay childcare for any of the children ? If so, list where/who and how much.

Where	How much
_____	_____

Is anyone else in the household who lives with you temporarily ? ____ yes ____no

Are they able to work and help with bills ? _____ yes _____ no

Is there anything of value you are able to sell to get the money needed ? _____ yes _____ no

Is there any friends or family able to loan you money needed ? _____ yes _____ no

*** To ensure BWC can help you in the best way possible, we need to ensure that all questions are answered truthfully in the best to your ability. We reserve the right to accept or deny any application. Failure to comply with any, and all of the above requests will default to a denied application.

If any applicant gives ANY false information to receive assistance from BWC for personal gain, the application will be denied. The applicant or anyone in the household will not be able to apply for assistance with BWC from here on out.

Applicant Signature & Date _____

BWC Admin Signature & Date _____

_____ Approved _____ Denied