

No Struggle No Success Hardship Grant Assistance

Tel: 443-990-1093 Fax: 443-869-6997

Please email this form & back-up documents to info@nostrugglenosuccess.org

Date: _____

Client Last Name: _____ First Name _____

Address (incl. Apt #): _____ ZIP: _____

Bldg/Condo Name: _____ Client Tel: _____ C-Worker: _____

Agency: _____ C/W Tel: _____ C/W Email: _____

Full Name	Relation	Year of Birth	Sex	Ethnicity	Foreign Born	Income \$/Mo.	SNAP	TANF	Other Assist Receiving
Client	Self								

Note: A child must be under 18 years of age.

Client: Veteran? Yes No Disabled? Yes No Single Parent? Yes No Employed? Yes No

Type Of Assistance Requested:

<input type="checkbox"/> Food:	Number of Adults: _____	Number of Children: _____	Total: _____
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Note: Include Dietary Restrictions and Preferences on the continuation page

<input type="checkbox"/> Rent	<input type="checkbox"/> Security Deposit	Amount: \$ _____
Payee:		_____
Payee:		_____
Payee:		_____
Payee Tel: _____	Lessee Name: _____	

Note: Include copy of rental/lease agreement with Lessor & Lessee name and address

<input type="checkbox"/> Utility Type:	Amount: \$ _____
Name on Bill:	Account Number: _____
Payee:	_____
Payee:	_____
Payee:	_____

Note: Include copy of utility bill

<input type="checkbox"/> Other (Specify):	Amount: \$ _____
Name on Bill:	Account Number: _____
Payee:	_____
Payee:	_____
Payee:	_____

Volunteer: _____ Carded Date: _____ Computer Entry: _____ If Food, # Bags Packed _____

NSNS Hardship Financial Assistance

Amplifying Information

----- For Food Referrals, please include the names & demographics of all intended recipients. Are there any Dietary Restrictions and Preferences?

----- If amount requested is less than the face amount due on the bill, specify who is providing the additional funds?

----- If bill or invoice is not in the name of the client, please describe relationship.

----- If Client's household exceeds space on Page 1, please list additional members & phone numbers here.

----- If "Other" purpose was selected above, provide description and include back-up documents.

----- For Rent/Lease/Security Deposit, please send only the pages that specify the lessor, lessee, amount and the effective date. The entire document is not required nor desired.

---- *This program is grant funded. For reporting purposed, all documents must submitted and reviewed by Vice President or President only for approval.*