



**Juanita's Joy Foundation**  
**Application for Assistance**

*So that we might be better assisting you, it is requested that the following application be completed to assist in the processing of your request. Please understand that this information is kept in the strictest confidence.*

Date \_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Head of Household: Two Parent \_\_\_\_\_ Single Male \_\_\_\_\_ Single Female \_\_\_\_\_

Number of Dependents \_\_\_\_\_ Names & Ages \_\_\_\_\_

Are you currently employed? Y / N Is your spouse Y / N N/A

If yes state the name of your employer \_\_\_\_\_

If no state the source of your income \_\_\_\_\_

Reason for Assistance – Please include how you came to need assistance and what is your plan for getting out of your financial predicament. Understand that you may also be required to provide supporting documentation.


Please state the amount of assistance requested \_\_\_\_\_

Date assistance is required \_\_\_\_\_

It is our desire to be able to respond positively to every request, but in some instances we may not be able to provide the financial assistance you require. Therefore we want you to know that we will be in prayer for you.

Signature of Applicant(s) \_\_\_\_\_

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(The following is to be completed by the Board of Juanita's Joy Foundation)

Application approved \_\_\_\_\_ Application rejected \_\_\_\_\_

Officers present at time of review \_\_\_\_\_

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2-5-2020