**ICNM SHORT-TERM FINANCIAL ASSISTANCE APPLICATION**

**NOTE: Please fill in all items below completely. Please print clearly.**

**Personal Information:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: [ ]  Married [ ]  Single [ ]  Divorced [ ]  Widowed

Gender: [ ] Male [ ] Female

**Please list ALL (including self) persons living in the household:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** | **DOB:** | **Social Security** | **Relationship** | **Monthly income all sources (Salary,SSI, Food stamps, etc…)** | **Income Source** |
| 1. SELF
 | SAME | SAME | SELF | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |

**PERSONAL REFERENCES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Telephone** | **Name:** | **Telephone** |
| 1.
 |  |  |  |
|  |  |  |  |

**Financial Information:**

**Have you ever applied for financial assistance before at the ICNM?** [ ]  Yes [ ]  No

If yes, When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was Assistance provided? [ ]  Yes [ ]  No. If Yes, how much? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Are you currently employed?**

[ ]  Yes:

|  |  |  |
| --- | --- | --- |
| **Employer** | **Telephone** | **Monthly Income** |
|   |  | $ |
|   |  | $ |

[ ]  No

Name of last employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give the date employment ended: \_\_\_\_\_\_\_\_\_\_\_\_\_.

Have you applied for unemployment? [ ]  Yes [ ]  No

Have you applied for disability income? [ ]  Yes [ ]  No

Expected amount needed: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this amount one-time or reoccurring?[ ]  One-Time need [ ]  Reoccurring

**Please describe in brief the reason(s) for your application for financial assistance**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**APPLICANT SIGNATURE:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name Date