

**The Friends Foundation  
Dripping Springs, Texas**

**Application for Financial Assistance**

**Date** \_\_\_\_\_

Name \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medicare No. \_\_\_\_\_ Medicaid No. \_\_\_\_\_

Supplemental Insurance Policy \_\_\_\_\_

Telephone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_

Address \_\_\_\_\_

(Must be in D.S.I.S.D or greater Dripping Springs Area)

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Spouse Name \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medicare No. \_\_\_\_\_ Medicaid No. \_\_\_\_\_

Telephone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_

Do you receive financial assistance from anyone? \_\_\_\_\_

Closest relative not living with you \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Who is responsible for you? \_\_\_\_\_

In what way are they responsible for you? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Total Yearly Income \$ \_\_\_\_\_

Source(s) of this income \_\_\_\_\_

Please attach a complete copy of three (3) of your most recent Federal Tax Returns (if required to file).

Other agency benefits now receiving \_\_\_\_\_

Church affiliation (if any) \_\_\_\_\_

Would you consent to a home visit to assess need? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you requested help from another source? If so, who \_\_\_\_\_

Response from that source \_\_\_\_\_

State the reason for financial request \_\_\_\_\_

Amount requested \_\_\_\_\_

I hereby certify that the information above is true and correct to the best of my knowledge. I agree to cooperate fully in the verification of my application. I agree not sell any of the supplies that I may receive.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT TO RELEASE INFORMATION**

I, the undersigned, hereby give my consent for The Friends Foundation to obtain any and all personal information, which they deem necessary in order to process my Application for Financial Assistance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

THE FRIENDS FOUNDATION  
P.O. BOX 8  
DRIPPING SPRINGS, TEXAS 78620  
CONFIDENTIAL FINANCIAL STATEMENT

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

Street Address: \_\_\_\_\_

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

**Assets:**

Cash on Hand and in Banks	\$
U.S. Government Securities	_____
Accounts, Loans, and Notes Receivable	_____
Value of Businesses Owned	_____
Listed Stocks and Bonds	_____
Real Estate (Homestead & non-Homestead)	_____
Other Assets (Itemized Attachment)	_____
<b>TOTAL ASSETS</b>	<b>\$</b>

**Liabilities**

Notes Payable	\$
Other liabilities (Itemized Attachment)	_____
<b>TOTAL LIABILITIES</b>	<b>\$</b>

**Source of Income**

Salary	\$
Dividends and Interest	_____
Bonus and Commissions	_____
Real Estate Income	_____
Other Income	_____
<b>TOTAL INCOME</b>	<b>\$</b>

The undersigned certifies that he/she provided this information and it is true and correct.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_