

**The Friends Foundation P.O. Box 8
Dripping Springs, Texas 78620**

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)	_____
TOTAL ASSETS	\$

Liabilities

Notes Payable	\$
Other liabilities (Itemized Attachment)	_____
TOTAL LIABILITIES	\$

Source of Income

Salary	\$
Dividends and Interest	_____
Bonus and Commissions	_____
Real Estate Income	_____
Other Income	_____
TOTAL INCOME	\$

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

Date: _____

Signature: _____

Home Phone: _____

The Friends Foundation

Request for Supplemental Financial Assistance

Name _____

Telephone 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.

Applicant Signature _____ Date _____