



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

Application for Financial Assistance

Complete the Application in Full (all information provided is confidential) 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 _____

List others living in your household and relation (if any) _____

Please attach a complete copy of two (2) of your most recent Federal Tax Returns (if required to file).

Other benefits you now receive _____

Church affiliation (if any) _____

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

Have you received monetary help from another source? If so who, what purpose and the amount you received

Amount You Are Requesting from The Friends Foundation \$ _____ State the reason for this financial request _____

I hereby certify that the information provided in this Application 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 _____

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 CONFIDENTIAL FINANCIAL STATEMENT

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Assets:

Cash on Hand and in Banks or Savings	\$
U.S. Government Securities	_____
Accounts, Loans, and Notes Receivable	_____
Certificates of Deposit	_____
List any Stocks and Bonds	_____
Real Estate (Homestead & non-Homestead)	_____
Any Other Assets (Include Itemized Attachment)	_____
TOTAL ASSETS	\$

Liabilities

Monthly rent, utilities, credit card, auto, insurance	\$
and other liabilities (Include Itemized Attachment)	_____
TOTAL of ALL LIABILITIES	\$

Source of all Income

Salary	\$
Dividends and Interest	_____
Social Security Benefits (provide SS statement)	_____
Real Estate Income	_____
Other Income (not listed above)	_____
TOTAL ANNUAL INCOME	\$

I, the undersigned certify that the information provided in this Financial Statement is true and correct to the best of my knowledge. I agree to cooperate fully in the verification of any information provided.

Date: _____

Signature: _____

Phone: _____

The Friends Foundation

Request for Supplemental Financial Assistance (this form is to be completed and submitted when requesting any additional Financial Assistance)

Name _____

Telephone No. _____

Have you received monetary help from another source? If so, who, what purpose and the amount you received _____

Amount You Are Requesting from The Friends Foundation \$ _____ State the reason for this financial request. _____

Amount requested \$ _____

I hereby certify that the information provided is true and correct to the best of my knowledge.

Applicant Signature _____ Date _____