

Advisory Board for the Disabled, Inc.
Application for Financial Assistance

Name of Applicant: _____
Last First Middle

Address: _____

Time at Present Address: _____ SS# _____ - _____ - _____ Date of Birth ____ / ____ / ____

Phone # (H) _____ (W) _____ (Cell) _____ (Pager) _____

Do you own your home? Yes ___ No ___ Amt. of mortgage payment _____ Rent? Yes ___ No ___

Amt. of Rent payment _____ Live with a relative? Yes ___ No ___ Who? _____

Amt. you contribute to household _____ Do you have any dependent children? Yes ___ No ___ Age _____

Do you receive S.S.I. or S.S.D.I.? Yes ___ / No ___ Monthly Amount you receive: _____

How long have you been receiving benefits? _____ Do you receive a pension? _____

Do you receive Medicaid/Medicare _____ Income from another source? Yes ___ No ___ Amt. _____

Do you have a checking account? Yes ___ No ___ Name of Bank _____ Balance _____

Do you have a savings account? Yes ___ No ___ Name of Bank _____ Balance _____

Are you employed? _____ Where: _____

How Long at present place of employment? _____ Income from employment _____

Are you disabled? Yes ___ No ___ Permanent ___ Temporary ___ Length of time you have been disabled: _____

_____ Please explain in detail the type of disability or disabilities you have: _____

Do you have a social worker assigned to you? Yes ___ No ___ Name _____ Phone _____

Have you applied to any other organization for assistance in the matter? Yes ___ No ___ If Yes please list name of organization and the results of your application to them:

<u>Name of Organization</u>	<u>Name of Contact</u>	<u>Phone #</u>	<u>Result of Application</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list two (2) personal references below:

_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone

Please provide a brief description of what assistance you are requesting: _____

Approximate cost: _____ Do you have an estimate Yes ___ No ___ (if yes) please attach to this application

Additional Remarks you would like to make: _____

INCOME WORKSHEET

Gross Income – Applicant \$ _____
Spouse \$ _____

Total Income \$ _____

Dependent Children _____ Yes How Many _____ Ages _____
_____ No

Expenses:

Mortgage/Rent \$ _____

Drs./Drugs \$ _____

Electric \$ _____

Water/Sewer \$ _____

Phone \$ _____

Cable \$ _____

Food \$ _____

Do you get Food Stamps? _____

Clothing \$ _____

Car Payment \$ _____

Insurance (car) \$ _____

(Medical) \$ _____

Misc. Expenses \$ _____

Please List & Explain _____

Balance Remaining \$ _____

Special Notes or Circumstances: _____

