

Benevolent Fund Application



Contact Information

Name										
Street Address										
City		State		Zip Code						
Home Phone										
Cell Phone										
E-Mail Address										
Marital Status	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widow

Reason for Application

Job loss

Serious illness (please explain) _____

Death of a family member
Relationship _____ Date of death _____

Disaster (please explain) _____

Other (please explain below) _____

This application represents:

Initial request

Re-application

If re-applying, how many times have you applied in the past? _____

Explanation of Need (please provide detail for request of financial need)

Other Assistance:

Indicate below if you have applied for and been granted other assistance by:

	Requested		If Requested		
	Yes	No	Granted	Denied	Pending
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other i.e. (local city/state assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment History

Currently employed Yes No

If currently employed, please indicate Full Time Part-Time

Name of current employer: _____

Current average wage (per week) \$ _____

Name and address of former employer (if unemployed) _____

Prior average wage (per week) \$ _____

Dependents and others living with you:

Name	Relationship	Age	Health	Employed	
				Yes	No
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Monthly Cash Receipts and Cash Payment:

Round to the nearest \$100

Employment:		Food	\$
Yourself	\$ _____	Rent or mortgage	_____
Spouse	_____	Loans/credit cards	_____
Interest		Medical/hospital bills	_____
Savings	_____	Utilities	
Unemployment	_____	Electric/Gas/Oil/Water	
Social Security	_____	Telephone/TV/Internet	
Worker's Compensation	_____	Taxes	
Health and Accident insurance	_____	Real estate	_____
Pension and other retirement income	_____	Other	_____
Other	_____	Insurance	
_____	_____	Life	_____
_____	_____	Health	_____
_____	_____	Auto	_____
_____	_____	Home	_____
_____	_____	Other:	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Cash Receipts	\$ _____	Total Cash Payments	\$ _____
Cash Receipts	\$ _____		
Cash Payments	_____		
Surplus/(Deficit)	\$ _____		

If deficit, how do you meet it?

Statement of Financial Position:

Cash on hand	\$	Mortgages:	
Bank accounts:			\$
Checking			
Savings			
CDs			
IRA/Other Retirement Accounts		Loan Balances:	
401(K)			
Stocks/bonds			
Life insurance		Credit Card Balances	
Automobiles			
Home: current market value			
Other real estate:		Medical/hospital bills	
Personal Property:		Other:	
Total Assets	\$	Total liabilities	\$

Supporting Documentation

Please attach a copy of the supporting documentation for which financial assistance is requested (i.e., mortgage statement, vendor invoice, other)

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am approved for financial assistance, any false statements, omissions, or other misrepresentations made by me on this application may result in forfeiture of financial assistance.

Name (printed)	
Signature	
Date	

Information to Submit Application

Please submit this application via FAX, email or U.S. Mail.

FAX: 816-595-6172

EMAIL: BenevolentFund@nabcfoundation.org

MAIL: NABC Foundation, Attn: Stephanie, 1111 Main St.-Suite 1000, Kansas City MO 64105-2136

DO NOT WRITE BELOW THIS LINE – FOR NABC FOUNDATION USE ONLY

Date application received _____

Approved? Yes No Date Approved _____

Denied Yes No Reason for denial _____

Amount approved \$ _____ Date Paid _____ Check # _____