

Castle Cares Foundation

APPLICATION FOR EMERGENCY ASSISTANCE

APPLICANT INFORMATION

Name: _____ Marital Status: _____

Address: _____

Telephone: _____ Email Address: _____

Employer: _____ Telephone: _____

Employer Address: _____

SPOUSE'S INFORMATION (IF APPLICABLE)

Name: _____ Marital Status: _____

Address: _____

Telephone(s): _____ Email Address: _____

Employer: _____ Telephone: _____

Employer Address: _____

NUMBER OF DEPENDENT CHILDREN AND AGES: _____

ANNUAL HOUSEHOLD INCOME: _____

MONTHLY EXPENSES: _____

Signature: _____ Date: _____

DETAILS OF NEED

Please explain your hardship and reasons why you are seeking assistance?

COST

Please give a breakdown of the estimated cost you have incurred or will incur due to this situation and the amount of grant funds you are seeking.

OTHER FINANCIAL RESOURCES

If you have applied to anyone else for financial support, please state to whom and when, what amount you requested, and what the result, or when the result is expected.

PROOF OF NEED

Please provide proof of hardship by attaching copies, pictures, statements, and/or other information that will supply evidence of your situation.

Signature: _____ Date: _____

ATTESTATION

I hereby acknowledge that the above information is true, accurate, and complete to the best of my knowledge.

Signature: _____

Date: _____

Print Name: _____



APPLICATION REVIEWED

Approved for: _____ Date: _____

Disapproved for: _____ Date: _____

Reviewed By

Board Member

Board Member

Signature: _____ Date: _____