



makeadifference

F O U N D A T I O N

Application # \_\_\_\_\_

(Assigned by Program Coordinator)

Make a Difference Foundation

Assistance Application

*Deadlines and meeting times vary by region; please contact the Program Coordinator for deadline information. Employee must be available for a phone interview in order to be processed at the next weekly committee meeting. Please ask if you need help with filling out the application.*

Employee Legal Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Property: \_\_\_\_\_

Address: \_\_\_\_\_ Department: \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

Specific circumstances causing need:

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Specific request: (Please include a copy of the bills you are requesting help paying)

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Name/Relationship/Age of EACH person living in your household:

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Have you received MADF assistance before? Yes/No

Are you currently receiving cash advances from Kimray? Yes/No

Are you willing to participate in any budgeting training? Yes/No

Are you willing to participate in Financial Counseling? Yes/No

Have you received assistance from any other local agencies/organizations, currently, or in the past? (Ex: Salvation Army, Master's Market, Food Bank, etc.)

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Please complete the following:

**All monthly and irregular income of anyone living in home**

Income			
	Applicant	Spouse	Other
Income 1			
Income 2			
Income 3			
Interest/Rents/Misc.			
Tax Refund			
Bonuses			
Self-Employment			
Disability income			
Alimony			
Child Support			
TANF			
Other			

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Consumer Equity			
Assets	Value	-Debt	=Equity
Real Estate-First Mortgage			
Real Estate-Second Mortgage			
Car 1			
Car 2			
Other vehicles-Motorcycle, Boat			
Checking Account			
Savings Account			
Retirement Plan			
Life Insurance (Cash Value)			
Household Items			
Other:			

Debt			
Debt	Total Balance	Minimum Monthly Payment	Annual Interest Rate
Credit card 1			
Credit card 2			
Credit card 3			
Student loan			
Car loan			
Car loan			
Other			

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Budget			
	Expenses	Monthly	Non-monthly(Paid quarterly or yearly)**
HOUSING	First Mortgage		
	Second Mortgage		
	Home Owners Association		
	Property Tax		
	Insurance(Home Owner's/renter's)		
	Rent		
	Storage		
UTILITIES	Electricity		
	Water		
	Gas		
	Home Phone		
	Cell Phone		
	Trash		
	Cable		
	Internet		
FOOD	Groceries		
	Eating Out		
	Household Items		
CARS	First Car Payment		
	Second Car Payment		
	Gas		
	Repairs, Oil Changes, Tires		
	Car Tags/Registration, etc.		
	Car Insurance		
	Other:		

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### **I UNDERSTAND AND AGREE TO THE FOLLOWING:**

With my signature I understand and agree that by filling out and submitting this application there is no guarantee of approval. I represent that all information provided in this application is true and correct and that the information that I have supplied may be checked and that any false statement or omission of material facts may result in dismissal of my application. Under penalties of perjury I certify that the facts and representations set forth in this application or in other documents I provide to MADF are true and correct. I consent to having a background or reference check by the MADF Coordinator. I consent to the release of all information about me, whether personal, confidential, or otherwise, by my employer and other relevant entities or agencies only to the MADF Coordinator as necessary for the MADF Coordinator to verify that the information I have provided is correct. I agree to the sharing of information requested on this application with MADF Committee (except the use of my name). I also authorize MADF to disclose my personal information to relevant individuals, entities, or agencies (such as health care providers), as may be reasonably necessary to verify the information I have provided in this application or coordinate payment to a third party. Further, I understand that the decision of the committee will be based on the facts presented on this application as well as the information gathered by the MADF Coordinator, and comparison with other assistance request/decisions, and the availability of funds; and will hold MADF, the MADF Coordinator, the MADF Board of Directors, and the MADF Committee members harmless from any claims related to the payment or nonpayment of benefits by MADF. I also consent to the sharing and disclosure of any pertinent medical information set forth on the application only to the MADF personnel who have a need to know the information in connection with the consideration of this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(My signature means that I have read, understand, and agree with the statement above.)*

If approved, I give permission to share summary of assistance given (without my name) for the purpose of encouraging other employees to apply and/or donate. Yes/No

Signature of Coordinator: \_\_\_\_\_ Date Received: \_\_\_\_\_