



"Family, Friends & Community coming together as ONE Serving the Entire Local Community"

FINANCIAL HARDSHIP APPLICATION

Today's Date: _____

Applicants Name: _____ Birthdate: _____ Sex: _____
(Last) (First)

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Cell Phone: _____

Spouse's Name: _____ Home Phone: _____
(Last) (First)

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Cell Phone: _____ Best time/place to call: _____

Name(s), dates of birth & relationship of other immediate family members/children residing with you:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Social Worker: _____ Phone: _____

Social Worker Comments: _____

Are you requesting and/or receiving assistance from another foundation(s)? Please itemize the foundation(s) and be specific as to how they are helping you.

Has anyone in the past or future fundraised on your behalf, either someone hosting an event or setting up a GoFundMe type of account that accepts donation. Please be specific on what has been done, how much was raised & how much you actually received (& attach any relevant documents/website addresses/social media campaign info):

Be specific on how we may assist you (attach any relevant documents/fixed household bills):

Additional Applicant Comments: _____

I hereby certify that the responses and information provided in this application (and the materials submitted with this application form) are true and accurate to the best of my knowledge. I understand any omission or misstatement can result in the forfeiture of this foundation's assistance.

Applicant signature: _____ Date: _____

DON'T FORGET TO INCLUDE ALL THE OTHER DOCUMENTATION & TAX RETURN

Smithtown Children's Foundation, PO BOX 799, Nesconset, NY 11767

www.smithtownchildrensfoundation.com

Christine Fitzgerald 516-835-1219 fitzyBBCF@optonline.net