

"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 t	o call:
	elationship of other immedia		
Social Worker:	Pho	ne:	
Social Worker Comments:			
Are you requesting and/or r	•		ase itemize the

Has anyone in the past or future fundraised on yo setting up a GoFundMe type of account that accel done, how much was raised & how much you actual documents/website addresses/social media campo	ots donation. Please be specific on what has been ly received (& attach any relevant
Be specific on how we may assist you (attach any i	relevant documents/fixed household bills):
Additional Applicant Comments:	
I hereby certify that the responses and informat submitted with this application form) are true and understand any omission or misstatement can result assistance.	d accurate to the best of my knowledge. I
Applicant signature:	Date:
DON'T FORGET TO INCLUDE ALL THE O	THER DOCUMENTATION & TAX RETURN

Smithtown Children's Foundation, PO BOX 799, Nesconset, NY 11767 $\underline{www.smithtownchildrens foundation.com}$