



The GiveBack Foundation, Inc.
P. O. Box 535
Allentown, N.J. 08501
www.thegivebackfoundation.com

Criteria Fact Sheet

NAME(S): _____
ADDRESS: _____
PHONE: _____ FAX: _____
EMAIL: _____

The purpose of the Foundation is that of a non-profit organization operating in the local region consisting of the New Jersey Counties of Monmouth, Burlington, Ocean, Middlesex and Mercer to help people in need with life-altering circumstances.

Please answer the following questions. Either you as the recipient or someone who is nominating an individual should **complete all sections in its entirety**. Use additional pages as needed.

1. How did you hear about us and by whom? _____

2. The Foundation's purpose is to help with life-altering circumstances. Explain how your situation fits this purpose? _____

3. Describe in detail how the Foundation's assistance could help you. (May write and attach separate letter, not to exceed two pages.) _____

4. Are you presently employed or do you have any prospects? _____

5. Is your request based on financial need? YES _____ NO _____.
If yes, please provide specifics details of your financial situation. Use the attached Income/Asset and Debt forms. If no, what specifically could The Give Back Foundation do for you? -

6. How many people in your household? _____ List names & specify if an adult or a child.

7. Is your situation temporary? How long do you think it will take to remedy without assistance? _____

8. What are you currently doing to help yourself as a short term solution? _____

9. What other sources such as churches, foundations or social service agencies have you reached out to? Who and how have they assisted you? _____

10. We will conduct an interview to review your situation. When would be the best time for the Foundation to personally meet with you to further discuss your request? _____

11. Please list at least three personal, medical, or business references:

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Income and Assets Information:

Income/Asset Source, Indicate N/A if none	Income Amount	List Weekly, Monthly or Annual
Salary 1 (employer name_____)	\$	
Salary 2 (employer name_____)	\$	
Social Security	\$	
Pension	\$	
Annuity	\$	
Investments	\$	
Other Interest Income	\$	
Alimony	\$	
Child Support	\$	
Disability Benefits	\$	
Other Income (Source_____)	\$	
Other Income (Source_____)	\$	
<u>Assets</u>	<u>Balance</u>	<u>Cash Value</u>
Checking Account	\$	\$
Savings Account	\$	\$
IRA Accounts	\$	\$
401K (can borrow against? Circle Y or N)	\$	\$
Life Insurance 1 (borrow against? Y or N)	\$	\$
Life Insurance 2 (borrow against? Y or N)	\$	\$
Other Asset (Source_____)	\$	\$
Other Asset (Source_____)	\$	\$

Debt Information:

Creditor Name (add additional names if needed)	Monthly Payment	Amount Overdue (if any)
Mortgage or Rent (circle one)	\$	\$
Electric	\$	\$
Gas	\$	\$
Phone	\$	\$
Cell Phone	\$	\$
Cable TV	\$	\$
Computer	\$	\$
Food	\$	\$
Medical	\$	\$
Car Payment	\$	\$
Auto Insurance	\$	\$
Home Owners Insurance	\$	\$
Credit Card 1	\$	\$
Credit Card 2	\$	\$
Credit Card 3	\$	\$
Other Loan (type: _____)	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<u>TOTALS OF EACH COLUMN</u>	\$ _____	\$ _____