

BOYS & GIRLS CLUB FINANCIAL ASSISTANCE APPLICATION

ADULTS LIVING IN HOUSEHOLD					
<i>Parent/Guardian Name</i>		<i>Social Security Number</i>		<i>Date of Birth</i>	
<i>Address</i>		<i>City, State</i>		<i>Zip</i>	
<i>Phone</i>		<i>Email</i>		<i>Place of Employment</i>	
ADULTS LIVING IN HOUSEHOLD					
<i>Parent/Adult Living in Household</i>		<i>Social Security Number</i>		<i>Date of Birth</i>	
<i>Address</i>		<i>City, State</i>		<i>Zip</i>	
<i>Phone</i>		<i>Email</i>		<i>Place of Employment</i>	
DEPENDENT CHILDREN LIVING IN HOUSEHOLD					
<i>Name</i>	<i>Age</i>	<i>Date of Birth</i>	<i>Name</i>	<i>Age</i>	<i>Date of Birth</i>
1.			4.		
2.			5.		
3.			6.		
MONTHLY INCOME: ADULT 1			MONTHLY INCOME: ADULT 2		
Source	Monthly Amount	Source	Monthly Amount	Source	Monthly Amount
<i>Salary/Wages</i>		<i>Salary/Wages</i>		<i>Salary/Wages</i>	
<i>Unemployment</i>		<i>Unemployment</i>		<i>Unemployment</i>	
<i>Spousal Support</i>		<i>Spousal Support</i>		<i>Spousal Support</i>	
<i>Food Stamps</i>		<i>Food Stamps</i>		<i>Food Stamps</i>	
<i>Child Support</i>		<i>Child Support</i>		<i>Child Support</i>	
<i>Social Security</i>		<i>Social Security</i>		<i>Social Security</i>	
<i>Disability</i>		<i>Disability</i>		<i>Disability</i>	
<i>Workman's Comp.</i>		<i>Workman's Comp.</i>		<i>Workman's Comp.</i>	
<i>Housing Assistance</i>		<i>Housing Assistance</i>		<i>Housing Assistance</i>	
<i>Cash Assistance</i>		<i>Cash Assistance</i>		<i>Cash Assistance</i>	
<i>Retirement</i>		<i>Retirement</i>		<i>Retirement</i>	
<i>Military/Veteran</i>		<i>Military/Veteran</i>		<i>Military/Veteran</i>	
<i>Other</i>		<i>Other</i>		<i>Other</i>	
Total:				Total:	
FOLLOWING MUST BE INCLUDED WITH APPLICATION TO RECEIVE BENEFITS					
Last Year Tax Return Included: Yes <input type="checkbox"/>			Last Pay Check Stub Included: Yes <input type="checkbox"/>		
CONSENT AND RELEASE					
<i>The statements and responses I have given are true and correct. I understand that the BGCE reserves the right to verify all information that has been reported and to deny assistance if inaccurate information is reported. I understand that all documentation I submit to the BGCE will not be returned and that my financial assistance will expire annually and I will need to reapply yearly to receive benefits.</i>					
<i>Signature</i>				<i>Date</i>	
<i>Print name</i>				<i>Date</i>	
OFFICE USE ONLY					
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/> Discount: _____ % Expires: _____ Signature _____					

