NEED A BREAK SERVICES

1401 S Sprague Avenue
Tacoma, WA 98405
Phone: 253.353.7056
www.needabreakservices.org
info@needabreakservices.org

INSTRUCTIONS:

PLEASE FILL OUT THIS APPLICATION, SCAN IT & EMAIL TO INFO@NEEDABREAK.ORG.
IF YOU PREFER TO FAX THE APPLICATION, PLEASE SEND VIA FAX TO 253.353.7054.

FOR OFFICE USE ONLY:

_____
_____
_____
_____
_____

GIFT APPLICATION

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Street Address: _____ **City/State/Zip:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

Email: _____ **Date:** _____

Where did you hear about us? _____

Select from the following:

❒I am elderly ❒I am disabled ❒I am a single working parent ❒My family is facing an unexpected hardship

❒I recently escaped homelessness ❒I recently escaped domestic violence ❒None of the above.

What is your date of birth? _____ / _____ / _____ Last 4 digits of social security number: _____

Please check race: ❒African American ❒Asian/Pacific Islander ❒Hispanic ❒Native American ❒White

Have you previously applied to Need-A-Break for a gift? ❒Yes ❒No If yes, when: _____

How long have you lived at this address? Years: _____ Months: _____ Do you own your home? ❒Yes ❒No

Household size: Adults: _____ Number of adults working: _____ Children: _____

Financial Information:

Income source (if job, list employer names): _____ Telephone #: ( ) _____

Total household income: $_____(monthly) Other income (child support, TANF, etc.): $_____

Other assets or accounts: _____ Value of other assets: $_____

Please list any unusual expenses: _____

Please list any disabilities we should be aware of when assessing your need: _____

_____

Applicants must also submit verification of household income.

Reference Information: (please supply two references)

Name of relative/friend not living with you: _____ Relationship to you: _____

Telephone number: _____ City/State: _____

Name of relative/friend not living with you: _____ Relationship to you: _____

Telephone number: _____ City/State: _____

Gift Requested Check ***one*** of the following four options and describe (attach additional sheet if necessary):

- ❑ Vehicle Repair: $_____ (estimated cost of repair)
  - Vehicle: Year _____ Make _____ Model _____
  - Vehicle insurance company: _____ Policy #: _____
  - Explain suspected vehicle problem **(must be minor=under $300 in cost). 2-3 estimates will need to be turned in with application for final submission**

_____

- ❑ Home Repair: $_____ (cost of repair) ***Complete section below if selecting home repair.***
  - Explain home repair needs in order of priority, including cost of fulfilling need:

    _____

    _____

    Property Information: ***If this is a home repair request*** *please complete the following:*

    Number of bedrooms: ____ Bathrooms: ____ Type of heat: _____ Hot Water heated by: _____

    Home owners insurance: _____ Policy #: _____

_____

- ❑ Household Needs/Furniture *($75 processing fee for this service is required)*
  - List and describe items requested, which may include furniture *(Pierce County residents only)*, chores, or other items, including cost of fulfilling need if applicable: _____

    _____

_____

- ❑ Other: _____
  - Description: _____

    _____

_____

How could this gift make a difference in life and help you to succeed? _____

_____

_____

_____

Could you help with the costs in any way? _____

Need-A-Break Services works closely with partner organizations in the community in order to serve our applicants best. We may share information from your application with another nonprofit organization if needed. By signing you are giving Need-A-Break Services permission to release your information to its partner organizations if it is necessary and beneficial.

X_____ X _____

Signature of Applicant Date

PLEASE NOTE: APPLICATION PROCESSING TIMES VARY, AND USUALLY TAKE 1-3 WEEKS DEPENDING ON THE REQUEST DUE TO PROCESSING TIME. THANK YOU FOR YOUR PATIENCE!