



## EMERGENCY ASSISTANCE APPLICATION

*Please Note: An incomplete application will not be accepted for consideration*

**A. Applicant's Information:    Date: \_\_\_\_\_**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ /Text: ☐ Y or ☐ N; email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Living w/You? Y or N
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**B. Immediate Family Information:**

1.	_____ Relationship _____	Age: _____
2.	_____ Relationship _____	Age: _____
3.	_____ Relationship _____	Age: _____
4.	_____ Relationship _____	Age: _____
5.	_____ Relationship _____	Age: _____


**C. Current Living Arrangements:** *(Please completely describe arrangements with time-lines, include if you are living with someone, other than mentioned above).*

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**D. Current Source(s) of Income & Amount:**

☐ Employment 1:                \$ \_\_\_\_\_ /Hr.  
☐ Employment 2:                \$ \_\_\_\_\_ /Hr.  
☐ Social Security                \$ \_\_\_\_\_  
☐ Child Support                 \$ \_\_\_\_\_  
☐ Family Support                \$ \_\_\_\_\_  
☐ Other:                             \$ \_\_\_\_\_

☐ Unemployment: \$ \_\_\_\_\_ per \_\_\_\_\_  
☐ Food Stamps:    \$ \_\_\_\_\_ per \_\_\_\_\_  
☐ Disability:        \$ \_\_\_\_\_ per \_\_\_\_\_  
☐ Alimony:          \$ \_\_\_\_\_ per \_\_\_\_\_  
☐ Church Support: \$ \_\_\_\_\_ per \_\_\_\_\_  
☐ Other:             \$ \_\_\_\_\_ per \_\_\_\_\_

Additional Comments for consideration:

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**E. Employment Record:**

**Applicant #1:**Current Employment: ☐ Yes ☐ No Employer: \_\_\_\_\_How Long Employed: Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Still employed date: ☐ Y- ☐ N\_

Prior Employment:

	<u>Company</u>	<u>Position</u>	<u>Years/Months worked</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Applicant #2:**Current Employment: ☐ Yes ☐ No Employer: \_\_\_\_\_How Long Employed: Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Still employed date: ☐ Y- ☐ N\_

Prior Employment:

	<u>Company</u>	<u>Position</u>	<u>Years/Months worked</u>
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

**F. Financial Assistance Sought, But Not Received:**

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**G. Assets:**Do you currently own your home? ☐ Yes ☐ No Mortgage Balance: \$ \_\_\_\_\_Auto or Motorcycle: ☐ Yes ☐ No Make/Model: \_\_\_\_\_

Bank: Checking/Savings? Check Balance: \$ \_\_\_\_\_ Savings Balance: \$ \_\_\_\_\_

Retirement Account(s): \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

**H. Applicant's Expenses:**

<b>Item:</b>	<b>Amount:</b>	<b>Paid to:</b>	<b>Comment:</b>
Mortgage			
Rent			
Electric			
Water			
Telephone			
Cable/Internet			
Car Payment			
Car Insurance			
Health Insurance			
Other			
Other			

• **Monetary Amount of Financial Assistance Requested:** \$ \_\_\_\_\_

• Detailed Reason Why Assistance Is Needed: *(Please attach additional pages as needed.)*

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• Information on person filling out this application *(if not the person applying for assistance.)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mobile/Text: \_\_\_\_\_ Relationship? \_\_\_\_\_

• How did you hear about the Community Chest? \_\_\_\_\_

## I. DISCLOSURE OF APPLICANT(s):

***The Applicant(s) or those acting on behalf of the Applicant(s) agree:***

**Applicant or Representative grants Authorization for background check. ☐ YES – Initial \_\_\_\_\_**

The undersigned authorizes the Coral Springs Community Chest -Trustees, and the Representatives of the Coral Springs Community Chest to conduct background checks and verify the information provided in this application for assistance. Coral Springs Community Chest, its Trustees, and/or Representatives, will be held harmless from any legal liability in vetting this application without limitation(s) with no-end date specific now or in the future. The Coral Springs Community Chest will complete review and be mindful of security of such information received in their research/care.

**Applicant will be required to provide backup for the financial information identified on this application.**

\_\_\_\_\_  
Name: (Please Print Clearly)

\_\_\_\_\_  
Relationship to Applicant:  
(if applicable)

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

PLEASE FAX TO (954)944-0778 OR EMAIL TO CSCommunityChest@GMAIL.COM