

**Rabbouni Catholic Community  
Benevolence Fund  
Application for Assistance**

<b>Name</b>
<b>Address</b>
<b>City, State, Zip</b>
<b>Telephone</b>
<b>Email:</b>
<b>Part1</b>
<b>STATEMENT OF NEED</b>
<b>Amount of financial assistance requested:</b>
<b>What circumstances have created your need?</b>
<b>DURATION OF NEED</b>
<b>How long will you need assistance?</b>
<b>How frequently will you need assistance?</b>
<b>DETAILS OF NEED:</b>
<b>Have you received assistance from this fund before? YES ___ NO ___</b>
<b>If yes, please indicate dates and amounts of assistance:</b>
<b>Is there a specific date that you need the money?</b>

<p><b>Are you currently employed?</b></p>	<p>Yes___ No___  Full time___ Part-Time___  (If part-time, number of hours)</p>
<p><b>Name of Employer:</b></p>	
<p><b>Total number of people in the household:</b></p>	
<p><b>Total weekly household income:</b></p>	
<p><b>Part 2</b></p>	
<p><b>What is the value of your total current assets, not including any living necessities such as a house, vehicle, medical equipment, or household furnishings?</b></p>	<p><b>Cash/Checking/Savings Accounts/ CDs:</b></p> <p><b>Investments:</b></p> <p><b>Other Assets: Boats, motorcycles</b></p>
<p><b>Part 3</b></p> <p><b>What options are available to you for support/assistance? (Family, friends, church, social service agencies, community area ministries)</b></p>	
<p><b>Part 4</b></p> <p><b>What type of assistance, if any, do you currently receive? (Medicaid, EBT, LEAP, disability)</b></p>	

**Part 5**

**What other information would you like to communicate to the Committee for consideration? (Please attach additional sheets or documentation as appropriate.)**

**Who should we make the check payable to and where should we send it?**

**I/we swear and affirm that the information submitted is true.**

**Signature of Applicant(s)**

**Date:**

**If married, signature of spouse**

**Date:**

<b>Official Use Only</b>	
<b>Fund Representative</b>	
<b>Yes / No</b>	<b>Approved via Email</b>
<b>Yes / No</b>	<b>Approved at Meeting</b>
<b>Yes / No</b>	<b>Need more information</b>
<b>Yes / No</b>	<b>Denied/more information needed</b>
<b>Yes / No</b>	<b>Financial Counseling recommended</b>
<b>Check dated</b>	<b>Check #</b>
	<b>Given to person completing the form</b>
	<b>Check mailed to address (above)</b>
	<b>Mail check to different address listed above</b>
<b>Agency</b>	<b>EIN</b>
<b>Individual</b>	<b>SSN</b>
<b>Signed (Fund Representative)</b>	
<b>Date</b>	

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**Receipt for Gift Card/Cash**

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

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

**Amount Received** \_\_\_\_\_