

# Application for Assistance (short form)

## **PERSONAL INFORMATION**

Your Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Spouse: (Last): \_\_\_\_\_ (First): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Own/Purchasing  Renting How long at present address? \_\_\_\_\_

Phone: \_\_\_\_\_

Circle one: Male Female Age: \_\_\_\_\_

Circle Marital Status: Single Engaged Married Separated Divorced Widowed

## **APPLICANT EMPLOYMENT INFORMATION**

Present/Most Recent Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_

If unemployed, are you currently seeking employment? YES NO

How long have you been unemployed? \_\_\_\_\_

Reason for leaving, if not currently employed: \_\_\_\_\_

**SPECIFIC REQUEST** If assistance is granted; only direct payments may be made. No financial assistance can be given directly to the individual or family making the request.

Amount Requested: \_\_\_\_\_

For payment of: \_\_\_\_\_

By what date: \_\_\_\_\_

Please explain the circumstances which brought about this need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please supply the following information where payment should be directed:

Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Account #: \_\_\_\_\_ Total Amount Required \$ \_\_\_\_\_

**ADDITIONAL INFORMATION**

Have you contacted anyone else for assistance for this current need? YES NO

\*Family? Friends? Churches? Agencies?

If so, with whom and what is the status and outcome?

**REFERENCES**

Please list one family reference, not including a spouse.

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

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**I authorize Mount Airy Rotary Cares Foundation to verify all information provided.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**EMAIL: MountAiryRotaryCares@gmail.com MAIL: PO Box 531, Mount Airy, MD 21771**

----- **Do Not Write Below This Line. For MARCF Use Only** -----

Date application received in this office: \_\_\_\_\_

Date of interview with applicant: \_\_\_\_\_

Disapproved – Reason: \_\_\_\_\_

Approved – Approved by: \_\_\_\_\_

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

Check # \_\_\_\_\_

Account # \_\_\_\_\_