Application for Assistance (long form)

Rotary
Mt. Airy Rotary Cares Foundation

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 (Home): _____ (Cell): _____

Circle one: Male Female Date of Birth: _____/_____/_____ Age: _____

Circle Marital Status: Single Engaged Married Separated Divorced Widowed

OTHERS SHARING YOUR HOUSEHOLD

Name	Age	Relationship	Monthly Income

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: _____

SPOUSE'S EMPLOYMENT INFORMATION

Present/Most Recent Employer: _____

Supervisor: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Employment Dates: _____ to _____

Position: _____

Additional Information: _____

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 Due $_____ Amount Required $_____

ADDITIONAL INFORMATION

Have you received assistance in the past?   YES   NO

    When? _____

    For what purpose? _____

    From whom? _____

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 two family references, not including a spouse.

Name: _____

Relationship: _____

Address: _____ Apt. # _____

City: _____ State: _____ ZIP: _____

Phone: _____

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 #_____