



Elkhart Cares

P.O. Box 537, Elkhart Lake, WI 53020

920-226-0903

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Application for Assistance

Today's Date _____

Name of Applicant:

Date of Birth:

Physical Address:

Phone:

Email:

Annual Income:

Monthly Income:

Are you applying just for yourself, or do you have a spouse in your household applying for assistance as well? **(If you are not legally married/filing jointly, please have them fill out a separate application)**

Name of Spouse (if married/filing jointly):

Are you employed? *

Spouse:

What is your occupation?

Spouse:

What is your date of birth?

Spouse:

What is your housing status? (Example: Renting, Mortgage)
Please Explain in as much detail as possible.

Spouse:

What is your employment status?

Spouse:

What is your highest level of education?

Spouse:

If you received education beyond highschool, what did you study and where did you study?

a. Did you receive a degree? If so, what degree?

Spouse:

Have you taken any college level classes? YES / NO

Spouse: YES / NO

Do you have any interest in continued education YES / NO

Spouse: YES / NO

Do you receive food assistance from a local food bank? YES / NO

If you answered yes, which food bank?:

Are there items the food bank does not carry that you need?

Is there another financially contributing member of the household? : YES / NO

If you answered yes to above question, please tell us more about this member of the household:

Relation to you:

Occupation:

Birthdate:

Employment status:

Highest level of education:

Monthly income:

Please list all people living in your household:

Name	Employer/School	Age & Birth Date	% Placement (Example: Full custody, 50% custody, elder parent etc.)	Relationship to you

Name <i>(continued from previous page)</i>	Employer/School	Age & Birth Date	% Placement (Example: Full custody, 50% custody, elder parent etc.)	Relationship to you

In the space below, please share why you are applying for financial assistance, and anything you can share to help us understand your circumstances. **Please attach any additional info to this form:

What is your total monthly household income?

What is your total yearly household income?

Household Contributions	Your Income, monthly	2 nd Income of your household, monthly	Other income from contributing members of the household
Salary, wages and tips	\$		
Unemployment comp	\$		
Social Security comp	\$		
Child support	\$		
Aid for Dependents	\$		
Food Stamps	\$		
401 (k) Retirement	\$		
Alimony	\$		
School Loan	\$		
Housing allowance	\$		
Other income, including any other support from government or private entities	\$		
Total Monthly Income	\$		

Household Budget	
Item	Amount
Salary	
Spouse's salary	
External Support	
Transfer from Savings	
Child Support	
Interest	
Government, Pension, Disability and/or Retirement Income	
Investments	
Reimbursements	
Other	
Total Monthly Income	
Item	Amount
Mortgage/Rent	
Car loan	
Car insurance	
Health Insurance	
Medications/Other Health Expenses	
House insurance	
Life insurance	
Childcare	
Charity	
Gas Utility	
Water Utility	
Electric Utility	
Lawn Garden	
Home Maintenance	
Home Improvements	
Phone	
Cable	
Internet	
Food	
Fuel/Transportation Costs	
Pet supplies	
School & Educational Costs	
Childcare	

Legal Fees	
Alimony / Child Support	
Pet Care (Veterinary and other services)	
School and/or Work Supplies	
Personal Supplies/Products/Diapers	
Dry Cleaning	
Entertainment	
Dining/Eating Out	
Books/ Games/ Fun Stuff	
Hobbies	
Household Products	
Fitness/Exercise/Gym Expenses	
Salon/Barber	
Gifts	
Clothing	
Emergency Savings Fund	
Savings Fund	
Car Replacement Fund	
Retirement Fund	
Student Loans	
Credit Card Debt	
Other Loans	
Federal Taxes	
State Taxes	
Cable / Internet	
Education	
Other	
Total Monthly Expenses	
Item	Amount
Monthly income	
Monthly expenses	
Difference	

Are you currently paying off debts?

(Select one): YES / NO

If yes, what debts are you paying:

Are you able to keep food in the house for yourself and/or others?

(Select one): YES / NO

Do you need help paying your rent or mortgage?

(Select one): YES / NO

Do you need help paying utilities? (Select one): YES / NO
Do you have transportation? (Select one): YES / NO
Do you have pet needs? (Select one): YES / NO
Do you have healthcare concerns for you or your dependents? (Select one): YES / NO

If you have children:

Do you need and have difficulty affording diapers? (Select one): YES / NO

Do your children need academic assistance, like tutoring? (Select one): YES / NO

Are any of your children interested in attending college? (Select one): YES / NO

Do your children have enough school supplies? (Select one): YES / NO

Do your children know how to read? (Select one): YES / NO

Do your children have interest in extracurricular activities

(sports, music lessons etc.) that they are unable to participate

in due to financial concerns? (Select one): YES / NO

Do you receive monetary assistance with childcare? (Select one): YES / NO

(Example: the government subsidizes your childcare expenses)

Do you receive child support? (Select one): YES / NO

If you answered yes to the question above, how much/month?

Do you feel you could benefit from better mental health care in the form of therapy, counseling, group therapy, peer support, meditation etc? (Select one): YES / NO

Do you receive assistance from other organizations or government assistance programs?

If so, please list them:

Are you living with a partner that is not legally a spouse (eg. you do not file taxes jointly and are not legally married, or you are living with a roommate), who also wishes to apply for assistance?

When did you last file taxes?

What are you hoping for help with?

In the space below, please describe any of your needs that were not mentioned above:

PLEASE INCLUDE WITH YOUR APPLICATION:

1. A copy of your most recent tax return.
2. Your most recent pay stubs for proof of income.
3. A recent utility bill for proof of residency.

I certify that all information provided on this form is accurate and true. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in ElkhartCares 501(c)3 programs, and may be grounds for termination of assistance from ElkhartCares.

WARNING: it is unlawful to provide false information to government entities, such as a 501(c)(3), when applying for assistance.

Sign:

Date:

Signature of Spouse (if filing jointly)

Date: