



# FISH OF SANCAP

## HH FINANCIAL ASSISTANCE APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_ Applicant Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

How long at this address? \_\_\_\_\_ Own/Rent \_\_\_\_\_ Rent/Mortgage Amt. / Month \_\_\_\_\_

Previous Address \_\_\_\_\_

\_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Divorced Do you have a Roommate \_\_\_\_ Yes \_\_\_\_ No

Number of Children \_\_\_\_\_ (please list them below)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Employment \_\_\_\_\_ Number of Hours \_\_\_\_\_

Veteran: \_\_\_\_ Yes \_\_\_\_ No Honorable Discharge \_\_\_\_ Yes \_\_\_\_ No Branch of Service: \_\_\_\_\_

### Applicant Employment Information

Employer Name:		Employer Phone:	
Employer Address:		Employed Since:	
Position:	Pay Rate: \$	Hours Per Week:	Pay Frequency:
Overtime pay rate:	Avg. overtime hours per week:	Weekly tips:	

### Applicant Employment Information (for second job)

Employer Name:		Employer Phone:	
Employer Address:		Employed Since:	
Position:	Pay Rate: \$	Hours Per Week:	Pay Frequency:
Overtime pay rate:	Avg. overtime hours per week:	Weekly tips:	





## FISH OF SANCAP

### Co-Applicant Employment Information

Employer Name:		Employer Phone:	
Employer Address:		Employed Since:	
Position:	Pay Rate: \$	Hours Per Week:	Pay Frequency:
Overtime pay rate:	Avg. overtime hours per week:	Weekly tips:	

### INCOME INFORMATION

**OTHER SOURCES OF INCOME** for ALL Household Members 18+: List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment, Workers Compensation, Welfare Payments, etc.

Name	Type of Income	Gross Annual Amount
1.		
2.		
3.		
4.		
5.		

**ASSETS AND ASSET INCOME** for ALL Household Members, including minors: List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)

Bank Name	Type of Asset	Balance
1.		
2.		
3.		

**LIABILITIES** ALL Household Members 18+: List all Credit Card Debt. List all Loans from Auto, Real Estate, Mortgage, etc.

Type of Credit / Loan	Creditor's Name	Balance Owed	Monthly Payment
1.			
2.			
3.			
4.			
5.			
6.			





## FISH OF SANCAP

### MONTHLY EXPENSES

ITEM	AMOUNT	ITEM	AMOUNT
Rent / Mortgage		Car Payment	
Electric		Car Insurance	
Water		Medical Insurance	
Sewer & Garbage		Prescription Costs	
Phone		Monthly Medical Bill payments	
Internet		Total monthly expenses of all liabilities from previous page	
Cable		Preschool/After School Care Cost	
Food Cost		Misc. Expense	
		<b>TOTAL MONTHLY EXPENSES</b>	

In the past year, have you or a member of your family received financial assistance payments toward your rent/mortgage, utilities, medical/dental bills, or any other financial assistance from another social service agency?

NO \_\_\_ YES \_\_\_ If YES, please provide the type of assistance received and amount paid.

---



---



---

In the past year, have you been to programs, workshops or received services for you or a member of your family's needs from another social service agency? NO \_\_\_ YES \_\_\_ If Yes, please indicate the name of the agency and the need that was met.

---



---



---

What FISH offered programs and/or workshops have you attended in the last year?

---



---



---





# FISH OF SANCAP

Assistance Requested \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FISH Representative: \_\_\_\_\_

Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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





## FISH OF SANCAP

### CHECKLIST for CLIENT ASSISTANCE APPLICATION

*Have received the following information:*

- \_\_\_\_\_ copy of **current one month** pay stubs of **ALL** jobs held by all persons working in your household
- \_\_\_\_\_ copy of **current** lease agreement/mortgage documentation
- \_\_\_\_\_ copy of **current three months** of bank statements for **ALL** accounts (*checking, savings*)
- \_\_\_\_\_ copy of child support paperwork (*if applicable*)
- \_\_\_\_\_ copy of investments: stocks, bonds, annuities, securities (*if applicable*)
- \_\_\_\_\_ copy of the **last TWO** year's tax return
- \_\_\_\_\_ copy of driver's license and/or state ID
- \_\_\_\_\_ Other: \_\_\_\_\_

- ***Return of required documentation does not guarantee approval for financial assistance.***





# FISH OF SANCAP

## FISH Emergency Financial Assistance Participant Agreement Participant Statistics:

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

Parent's Name (if residing with parent): \_\_\_\_\_

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

Email: \_\_\_\_\_

I would like to enroll in this program because: \_\_\_\_\_

As a program participant, it is my hope that I will (explain anticipated outcome): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### The return of required documentation does not guarantee approval for assistance

As a program participant, I agree and understand that I am required

- to participate in program measurement by completing and submitting, on a timely basis, surveys, questionnaires, testimonials, follow up phone calls after receiving services and other measurement tools as provided to me by FISH.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*FISH OF SANCAP is a 501(c)(3) non-profit serving Sanibel and Captiva  
F.I.S.H. OF SANCAP is an equal opportunity provider.*

