

**APPLICANT INFORMATION:**

APPLYING Board Member: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**INCOME INFORMATION:**

Are you employed?  YES  NO If Yes, please check your gross annual employment income range.

Below \$10,000  \$10,001 - \$30,000  \$30,001 - \$50,000  \$50,001 - 70,000  Above \$70,001

If you receive assistance from any of the following, please check which one. Also, check the monthly range.

Welfare  SSI  Food Stamps  Other Assistance \_\_\_\_\_

Below \$500  \$501 - \$1500  \$1501 - \$2500  \$2501 - 3500  \$3501 - \$4500  Above \$4501

Do you have a bank account?  YES  NO  Checking  Savings  Both

Bank Name: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Bank Name: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

**MONTHLY BILLS:** Please list monthly payment:

Mortgage/Rent: \$ \_\_\_\_\_ Phone: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_ Medical/Medicine: \$ \_\_\_\_\_

Please list any additional monthly expenses:

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

Please explain your need for assistance:

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

**TYPE OF ASSISTANCE REQUESTED:**

Everyone is welcome, no matter who they are

**Food, Diaper, Formula, personal needs Assistance** \_\_\_\_\_ Please provide a grocery list, indicate special type of formula if needed.

**Bill Assistance:** \_\_\_\_\_ Please provide creditor information below for the payment(s) you are requesting assistance with. Copies of the bills must be provided with this application. Application will be denied if copies of bills are not provided.

1) Creditor Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Date Due: \_\_\_\_\_ Type of Debt: \_\_\_\_\_

Currently past due?  YES  NO Check Payable To: \_\_\_\_\_

Additional Info (If Needed): \_\_\_\_\_  
=====

2) Creditor Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Date Due: \_\_\_\_\_ Type of Debt: \_\_\_\_\_

Currently past due?  YES  NO Check Payable To: \_\_\_\_\_

Additional Info (If Needed): \_\_\_\_\_  
=====

3) Creditor Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Date Due: \_\_\_\_\_ Type of Debt: \_\_\_\_\_

Currently past due?  YES  NO Check Payable To: \_\_\_\_\_

Additional Info (If Needed): \_\_\_\_\_  
=====

I have additional Creditors and have attached a separate sheet and copies of those bills.

**APPLICANT ACKNOWLEDGEMENT & SIGNATURE:** I have filled out the application completely and have attached all needed additional documentation. I understand that DRAG for a CAUSE will process my application as soon as possible and if approved, payments will be made directly to the creditors on my behalf. All information I have entered is true, correct, and accurate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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DFAC HELPS FUND ADMINISTRATOR APPROVAL:                      APPLYING BOARD MEMBER \_\_\_\_\_

As administrators for the DFAC Helps Fund, I acknowledge that this application is correct, complete, and ready to be submitted to the Board President to present to the Board of Directors for a decision.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**DRAG for a CAUSE BOARD OF DIRECTORS DECISION:**

Date presented: \_\_\_\_\_ Was application approved?  YES  NO

If NO: Reason for denial: \_\_\_\_\_

If YES: Date Approved: \_\_\_\_\_ Date given to Treasurer for Payment: \_\_\_\_\_

I acknowledge that this application has been reviewed and  approved  denied by the Board of Directors. If approved, the application has been given to the Treasurer for payment on the above date.

**President of the Board of Director:**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PAYMENT INFORMATION:**

Date checks(s) written: \_\_\_\_\_ Date check(s) sent to creditors: \_\_\_\_\_

Check(s) sent via: \_\_\_\_\_

**Treasurer:**

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**DRAG for a CAUSE**  
Everyone is welcome, no matter who they are