

HATZILU RESCUE ORGANIZATION
Attn: Rhonda Green, Executive Director
 45 Manetto Hill Road, Plainview, NY 11803
 Tel. (516) 822-3535 x346 Fax (516) 822-3288
 hatzilu@mijcc.org

ASSISTANCE REQUEST FORM

Note: No application will be considered without supporting documentation.

Today's Date _____
 Referred by? _____ Referral Phone Number: _____

Client's Name _____ Date of Birth: _____

Client's Address _____ City/State/Zip: _____

Telephone # _____ Email: _____

(Check): Male ___ Female ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed ___

Partner/Spouse's Name _____ Date of Birth: _____

Partner/Spouse's Address _____ Telephone # _____

(Check): I live in a House ___ Apartment ___
 I Own ___ Rent ___ If you rent, is it from a family member? Yes ___ No ___

Who lives in your household with you? _____

Are you a veteran? ___ Yes ___ No Would you like food delivery? ___ Yes ___ No

Please give information for your parents, children, siblings and closest adult relative (aunt or uncle).
 Indicate emergency contact person with an asterisk *.

Name	Address	Relationship	Age	Phone #

Please describe problem which caused you to submit the application. Include any physical or mental problem. (Use back of page if additional space is need

Indicate the help (\$ amount) that you receive from:

Family: _____

Friends: _____

Other: _____

Please list all other charitable agencies that provide you with aid:

Agency Name	Social Worker/Case Manager Name	Telephone Number

How did you learn about Hatzilu?

Please list the names and telephone numbers of doctors who are caring for you:

Name	Telephone Number

List medications you take:

For all members of household, what kind of work are people able to do?

Self: _____

Spouse: _____

Children: _____

Other: _____

If retired, indicate dates: _____

FINANCIAL INFORMATION AND SUPPORTING DOCUMENTATION

Check the following items that you own, and indicate their current dollar value:

_____ Home	\$ _____
_____ Real Estate	\$ _____
_____ Check Acct.	\$ _____
_____ Savings Acct.	\$ _____
_____ Stocks/Bonds	\$ _____
_____ IRA	\$ _____
_____ Pension	\$ _____
_____ Life Ins. Cash Value	\$ _____
_____ Car: Year & Make _____	

Your Monthly Household Income

Client Net Salary	\$ _____
Spouse Net Salary	\$ _____
Other Household Salary	\$ _____
Social Security	\$ _____
Spouse Social Security	\$ _____
SSI	\$ _____
Disability Income	\$ _____
Dept. Social Services Grant	\$ _____
Shelter Grant	\$ _____
SNAP Benefits	\$ _____
Veteran's Benefits	\$ _____
Workman's Compensation	\$ _____
Pensions	\$ _____
Unemployment Insurance	\$ _____
Child Support	\$ _____
Alimony	\$ _____
Support by Family	\$ _____
Other Income ***	\$ _____

Total Monthly Income \$ _____

*** Describe on back of page

Mortgage Balance \$ _____

Mortgage Co. Name and address:

or if renting:

Landlord's Name _____

Address _____

Telephone No. _____

Is landlord a family member? _____

What is relation? _____

Check Acct. Bank's

Name: _____

Address: _____

Saving Acct. Bank's

Name: _____

Address: _____

Monthly Household Expenses

Rent or Mortgage Payment \$ _____

Food \$ _____

Heating Oil \$ _____

Electricity \$ _____

Gas – Cooking & Heating \$ _____

Telephone \$ _____

Water \$ _____

Real Estate Taxes \$ _____

Home Insurance \$ _____

Loan Repayments *** \$ _____

Medical Insurance \$ _____

Prescriptions \$ _____

Other Medical *** \$ _____

Auto Insurance \$ _____

Cable \$ _____

Transportation \$ _____

Other *** \$ _____

Total Expenses \$ _____

Describe all payments for which you are in arrears on back and indicate total \$ amount. Total: \$ _____

Documentation of Finances – Please provide copies. PLEASE DO NOT INCLUDE ORIGINAL DOCS.

Provide a copy of current bank statements and current receipts for monthly expenses listed on the previous page.

Also, please provide the following, as appropriate. Check those items that you have enclosed:

- Paycheck stub
- Last filed Income Tax Form 1040 – all pages and Schedules
- Social Security Award letter
- SSI letter
- SSD letter
- Disability statement
- Pension statement
- SNAP award letter
- Medicaid award letter
- Public Assistance (DSS) letter
- Workers' Compensation letter
- Unemployment Insurance letter

In filing this application for financial assistance, I hereby consent to Hatzilu (1) contacting others to verify the information I have provided and (2) disclosing to others information I have provided to find other sources to help me. I understand that I may withdraw this consent at any time by writing to Hatzilu at 45 Manetto Hill Road, Plainview, NY 11803.

Signature: _____ Date: _____

Application must be signed! Please include additional information you feel may be helpful.