

THE AUBRI BROWN CLUB APPLICATION FOR ASSISTANCE
 PO BOX 389, SANTA CLARA, CA 95052



APPLICANT I			CHECK ONE: <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEP FATHER <input type="checkbox"/> STEP MOTHER <input type="checkbox"/> OTHER ADULT		
Last Name		First		M.I	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date of Birth		SSN		Employer	
APPLICANT II			CHECK ONE: <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEP FATHER <input type="checkbox"/> STEP MOTHER <input type="checkbox"/> OTHER ADULT		
Last Name		First		M.I	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date of Birth		SSN		Employer	
FINANCIAL					
Amount requested		Purpose			
Previous Year AGI		Applicant I Gross income per year		Applicant I Gross income per year	
Estimated Medical costs		Estimated Funeral Costs		Estimated other Costs, explain below	
Other costs explanation					
OTHER SERVICES OF INTEREST Please check all that apply					
<input type="checkbox"/> Grief Counseling <input type="checkbox"/> Meal/Grocery Delivery <input type="checkbox"/> Housecleaning <input type="checkbox"/> Laundry Service <input type="checkbox"/> Other _____					
DECEASED					
Last Name		First		M.I	
Date of Birth		Date of Death		Cause	
DISCLAIMER AND SIGNATURE					
I certify that my answers are true and complete to the best of my knowledge.					
If this application leads to financial assistance, I understand that false or misleading information in my application or interview may result in having to return the assistance.					
Signature Applicant I				Date	
Signature Applicant II				Date	

FOR OFFICIAL USE ONLY

Date received	Reviewed by
Status	

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In addition to the application you will need to provide the following:

- Death Certificate
- Most recent years tax return

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