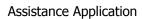
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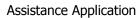


APPLICANT I CHECK ONE: ☐ FATHER ☐ MOTHER ☐ STEP FATHER ☐ STEP MOTHER ☐ OTHER ADULT								
Last Name			First			M.I		
Street Address		Ара		Apartment/Unit #				
City			State		ZIP	ZIP		
Phone			E-mail Address	E-mail Address				
Date of Birth SSN			En		Employer	mployer		
APPLICANT II CHECK ONE: ☐ FATHER			☐ MOTHER ☐ STEP FATHER ☐ STEP		STEP MOT	P MOTHER OTHER ADULT		
Last Name			First			M.I		
Street Address			A		Apartme	Apartment/Unit #		
City			State		ZIP			
Phone			E-mail Address	E-mail Address				
Date of Birth		SSN			Employer			
FINANCIAL								
Amount requested	PII			rpose				
Previous Year AGI		Applicant I Gross income per year Applicant I income pe						
Estimated Medical costs	Estimated Funeral Costs			Estimated other Costs, explain below				
Other costs explanation								
Схринация								
OTHER SERVICES OF INTE	REST Plea	se check al	I that apply					
☐ Grief Counseling ☐ Meal/Groo	cery Deliver	y 🗌 House	e Cleaning Other					
DECEASED								
Last Name			First			M.I		
Date of Birth	ate of Birth Date of Dea		ath		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			Dai		Date	Date		
Signature Applicant II					Date	Date		

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OK OIT LOUIS OUT OIL					
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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Date received	Reviewed by	
Status		