

Rev. Dr. Carl S. Fisher Foundation

Request for Funding

Maximum request amount: \$3000.

Date _____

Applicant's Name: _____

Birthdate: _____

Address: _____ Phone: _____

Project Address _____ Own _____ Rent _____

Requestor's Name (if different from above): _____

Affiliation with applicant: _____

Address: _____ Phone: _____

Reason for Request (Describe):

Please attach vendor quote on letterhead

Estimated Cost: _____ Requested Amount: _____

Please list organizations from which you have requested financial assistance within the last year. If you have requested assistance, please explain.

Client Income Eligibility Information

Total household annual income _____

Total savings _____

Do you own property? _____ If so, describe the property: _____

Income should be less than twice Federal Poverty Level (includes all sources of income such as SSI, SSD, Food Stamps, etc.).

Insurance company denials _____

I (We) hereby warrant that I (We) am/are full age and have the right to contract for my property, and me.

CLIENT Print Date _____

Client Signature _____

SPOUSE Print Date Spouse Signature

PROPERTY OWNER Print _____ Date _____
PROPERTY OWNER SIGNATURE _____

Guidelines:

Client should own residence or have landlord's approval for necessary adaptations.

Email application to berniceadams@breezeline.net