

APPLICATION FOR ASSISTANCE (Indigent Status)

(All Questions Must Be Answered)

General
Information

- a) Name _____
- b) Address
No. and Street _____
City, State, Zip _____
- c) Do you own _____ rent _____ other (explain) _____

- d) If own, legal description
Section _____
Block _____
Lot _____
Metes & Bounds (From Deed) _____

- e) Title held in (Name and Address) _____

- f) Former address (if less than 2 years) _____

- g) Marital Status:
Unmarried _____
Married _____ Date _____
Separated _____ Date _____
Divorced _____ Date _____
- h) Number of Dependents _____
Names Relationship

- i) Name and Address of Employer _____

- j) Number of Years Employed in this Work or Profession _____
- k) Position/Title _____
- l) Type of Business _____
- m) Social Security Number _____
- n) Home Telephone Number _____
- o) Business Telephone Number _____

p) Purpose of Assistance (Attach bills, invoices or other information, if any)

Monthly
Income of
Applicant
Only: Attach
Separate
Sheets for
Family
Members

- a) Base Salary \$ _____
- b) Overtime \$ _____
- c) Bonuses \$ _____
- d) Commissions \$ _____
- e) Dividends/Interest (Stocks, Bonds, Notes, Funds, Bank Accts., etc)
\$ _____
- f) Net Rental Income (from properties owned) \$ _____
- g) Other \$ _____ Explanation _____

h) TOTAL MONTHLY INCOME \$ _____

Monthly
Expenses for
Applicant
Only: Attach
Separate
Sheets for
Family
Members

- a) Rent \$ _____
- b) First Mortgage (P & I) \$ _____
- c) Other Mortgage (P & I) \$ _____
- d) Insurance (Itemize by type)
\$ _____
\$ _____
\$ _____
- e) Real Estate Taxes \$ _____
- f) Mortgage Insurance \$ _____
- f) Utilities (Itemize by type)
\$ _____
\$ _____
\$ _____
- h) Other \$ _____
\$ _____
\$ _____
- i) TOTAL MONTHLY EXPENSES \$ _____

Assets for Applicant Only: Attach Separate Sheets for Family Members

- a) Cash (Checking & Savings Accounts, etc. – Show Names of Institutions and Account Numbers) _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
- b) Stocks, Bonds, Notes (No./Description) _____ \$ _____
 _____ \$ _____
 _____ \$ _____
- c) Life Insurance (Net Cash Value) _____ \$ _____
- d) Real Estate Owned (Market Value) _____ \$ _____
- e) Vested Interest in Retirement Fund _____ \$ _____
- f) Net Worth of Business Owned _____ \$ _____
- g) Automobiles _____ \$ _____
- h) Furniture & Personal Property _____ \$ _____
- i) Other _____ \$ _____
- j) TOTAL ASSETS _____ \$ _____

Liabilities And Pledged Assets (for Applicant Only: Attach Separate Sheets for Family Members

- a) Installment Debts (unpaid balance-list Accounts and Account Numbers) _____ \$ _____
 _____ \$ _____
 _____ \$ _____
- b) Real Estate Loans _____ \$ _____
 _____ \$ _____
- c) Automobile Loans _____ \$ _____
 _____ \$ _____
- d) Other Debts _____ \$ _____
 _____ \$ _____
- e) TOTAL LIABILITIES _____ \$ _____

Net Worth

Assets minus liabilities \$ _____

Questions

- a) Are you a member of a Benevolent Association other than Freeport? Yes - No If yes, Name _____ Address _____ Telephone Number _____

b) Have you applied for or received assistance from any other Benevolent Association other than Freeport in relation to matters contained in this application? Yes - No If yes, Name _____ Address _____ Telephone Number _____ Explanation _____

c) Are you a member of a Fire Department other than Freeport? Yes - No If yes, Name _____ Address _____ Telephone Number _____

d) Do you own real estate? Yes _____ No _____
If yes, is the property mortgaged or subject to a lien? Yes _____ No _____

e) If yes, principal balance unpaid (mortgage) or amount of lien \$ _____
Maturity date of mortgage _____

f) Are there any outstanding judgements against you? Yes _____ No _____
If yes, amount (s) \$ _____ Date of judgement _____
Judgement creditor _____

g) Have you had property foreclosed upon or given title or deed in lieu thereof?
Yes _____ No _____ If yes, Date _____ Explanation _____

h) Have you ever filed for voluntary bankruptcy or been placed into voluntary bankruptcy or made an assignment for the benefit of creditors? Yes _____ No _____
If yes, Date _____

i) Are you a maker, co-maker or endorser on a note? Yes _____ No _____ If yes, amount(s) \$ _____ Comments _____

j) Are you a party to a law suit? Yes _____ No _____ If yes, Plaintiff _____
Defendant _____ Comments _____

k) This application is for: (check one) Grant _____ Loan _____

l) Amount requested; \$ _____

REPRESENTATION AND AUTHORIZATION: The undersigned applies for the assistance in this application; and further represents that all statements and information made or contained in this application and any accompanying statements or information are true, accurate and complete and are made for the purpose of obtaining the assistance. All information requested has been disclosed herein. Verification may be obtained from any source named in this application.

The undersigned hereby authorizes any bank, insurance company, pension plan, former employer, current employer, physician, surgeon, hospital, or other health care provider, or any other person, firm or corporation, whether named herein or otherwise, having any personal information regarding my finances, former employment, current employment, health, medical, dental or optical treatment, insurance or pension entitlements, death benefits, or other personal information, to disclose the same and provide copies thereof to any agent or representative of The Volunteer and Exempt Firemen's Benevolent Association of Freeport, New York, and I release and discharge any such person, firm or corporation from any liability whatsoever in doing so.

The original or a copy of this application and any verifications or copies of same shall be retained by the Association, even if the assistance requested is not approved.

Date _____ Applicant _____

Date _____

Sworn to before me, under penalty of perjury
this _____ day of _____

Notary Public

IMPORTANT Please attach Federal and State Income Tax Returns for the two immediately preceding years.

FOR ASSOCIATION USE ONLY:
Approved _____ Rejected _____ Date _____
By (& Title) _____
Amount _____
Conditions _____
