



In order for the foundation to offer assistance, we need to have the following information on file.

Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_  
 Last First MI  
 Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Age \_\_\_\_\_ MARITAL STATUS: M/S/D/W/Sep (Circle one) Sex: M/F  
 Spouse's Name: \_\_\_\_\_  
 Type of Cancer: \_\_\_\_\_  
 Physician (currently treating you for cancer) \_\_\_\_\_

Employment Status: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Disabled \_\_\_\_\_ Student \_\_\_\_\_  
 Unemployed with Income \_\_\_\_\_ Unemployed No Income \_\_\_\_\_ Homemaker \_\_\_\_\_ Retired \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Spouse's Employer \_\_\_\_\_ Phone \_\_\_\_\_  
 Do you have insurance? Y/N Insurance Company Name: \_\_\_\_\_ Medicare or Medicaid? Y/N

List "ALL" members of your household including yourself. Even if they don't have income!

NAME: Ex: you, spouse, kids, parents, etc.	AGE	MONTHLY INCOME "Before taxes"	INCOME SOURCE - EMPLOYER	FOOD STAMP AMOUNT	WIC	HUD	OTHER Ex: child support!
1)		\$		\$		\$	\$
2)							
3)							
4)							
5)							
6)							

How much do you spend monthly?

1. Do you own/rent your home? \_\_\_\_\_
2. Monthly Payment \$ \_\_\_\_\_ Monthly Insurance \$ \_\_\_\_\_
3. Do you have a vehicle(s)? Monthly Payment \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Monthly Insurance \$ \_\_\_\_\_
4. How much do you spend on gasoline per month? \$ \_\_\_\_\_  
 Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
 Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

5. How much does YOUR HOUSEHOLD spend monthly on the following utilities?

Bus, Taxi, Etc. \$	Student Loans \$	Alimony \$
Groceries/Cash \$	Water/Sewage \$	Gas/Heating Oil \$
Electric \$	Cell Phone \$	Telephone \$
Cable/Satellite \$	Day Care \$	Child support \$
Other \$		

6. Does your household have any banking services?

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Stocks/Bonds \_\_\_\_\_ Trust Funds \_\_\_\_\_ N/A \_\_\_\_\_

What is the current Balance of each? \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

I certify that all information I have provided is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_