

AMY'S ANGELS CORPORATION

APPLICATION FOR ASSISTANCE

Completed applications can be emailed to info@amysangels.org or mailed to Amy's Angels, 90 Hopmeadow Street, Simsbury, CT 06089

To apply for financial aid from Amy's Angels Corporation, please complete this Grant Application and sign where indicated. **Please note that if you do not complete the financial information requested on page 3, including a copy of your most recent Tax Return, your application will be unable to be processed.** If you need additional help, please call 860-919-9276.

Amy's Angels is a grass roots organization that provides short- and long-term assistance to individuals and families dealing with the debilitating effects of serious illness or injury.

Date: _____ Amount Requested (Estimate) _____

Type of aid you are seeking? i.e. Mortgage, Rent, etc..._____

Were you referred to Amy's Angels? _____

If yes, by who? _____

Phone Number: _____ Email Address: _____

Patient Information

Patient Name: _____ Date of Birth: _____

Patient's Address: _____

City/State/Zip: _____

Employer: _____ Occupation: _____

Home Phone: _____ Email: _____

Medical Information

Diagnosis: _____

Date of Diagnosis: _____

Physician/Service Provider: _____

Treatment Center: _____

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Estimated Monthly Household Income

Wages after
withholdings
(i.e., take-home
pay): \$ _____

Unemployment: \$ _____

Disability: \$ _____

Public Aid: \$ _____

Social Security: \$ _____

Other Sources: \$ _____

**Total Monthly
Income:** \$ _____

Estimated Monthly Household Expenses

Rent/Mortgage \$ _____

Utilities/Phone: \$ _____

Medical: \$ _____

Food: \$ _____

Transportation:
(i.e. Gas, Ride Share,
Car expenses) \$ _____

Other Ongoing
Expenses: (i.e.
Insurance) \$ _____

**Total Monthly
Expenses:** \$ _____

\$ _____ (Net Monthly Income)

Please include a **copy of the most recent paystub** from each employer for whom you and/or a member of your household is employed.

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Also include a **copy of your most recent Tax Return**: Received: _____ Yes _____ No

Financial assistance received from other organizations:

Benefits you have applied for (or plan on applying for) from Federal or State programs or other charitable organizations: _____

Current Financial Information of Household:

Available Cash and Savings: \$ _____

Investment Accounts: \$ _____

Retirement Accounts(401k/IRA's): \$ _____

Approximate Net Worth: \$ _____

Signature and Acknowledgement:

I hereby certify and affirm that the contents of this Grant Application are truthful, accurate and complete to the best of my knowledge and belief.

Applicant/Parent/Guardian Signature: _____

Print Name: _____

Date: _____