

# Benevolent Fund Application



## Contact Information

Name										
Street Address										
City		State		Zip Code						
Home Phone										
Cell Phone										
E-Mail Address										
Marital Status	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widow

## Reason for Application

- Job loss
- Serious illness (please explain) \_\_\_\_\_
- Death of a family member  
Relationship \_\_\_\_\_ Date of death \_\_\_\_\_
- Disaster (please explain) \_\_\_\_\_
- Other (please explain below) \_\_\_\_\_

**Note:** The NABC Foundation's Benevolent Fund is only able to grant funds one-time per applicant due to IRS rules and regulations.

## Explanation of Need (please provide detail for request of financial need)

## Other Assistance:

Indicate below if you have applied for and been granted other assistance by:

	Requested		If Requested		
	Yes	No	Granted	Denied	Pending
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other i.e. (local city/state assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Employment History

Currently employed  Yes  No

If currently employed, please indicate  Full Time  Part-Time

Name of current employer: \_\_\_\_\_

Current average wage (per week) \$ \_\_\_\_\_

Name and address of former employer (if unemployed) \_\_\_\_\_

Prior average wage (per week) \$ \_\_\_\_\_

## Dependents and others living with you:

Name	Relationship	Age	Health	Employed	
				Yes	No
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

## Monthly Cash Receipts and Cash Payment:

Round to the nearest \$100

Employment:		Food	\$ _____
Yourself	\$ _____	Rent or mortgage	_____
Spouse	_____	Loans/credit cards	_____
Interest		Medical/hospital bills	_____
Savings	_____	Utilities	
Unemployment	_____	Electric/Gas/Oil/Water	
Social Security	_____	Telephone/TV/Internet	
Worker's Compensation	_____	Taxes	
Health and Accident insurance	_____	Real estate	_____
Pension and other retirement income	_____	Other	
Other	_____	Insurance	
_____	_____	Life	_____
_____	_____	Health	_____
_____	_____	Auto	_____
_____	_____	Home	_____
_____	_____	Other:	_____
_____	_____	_____	_____
<b>Total Cash Receipts</b>	<b>\$ _____</b>	<b>Total Cash Payments</b>	<b>\$ _____</b>
Cash Receipts	\$ _____		
Cash Payments	_____		
Surplus/(Deficit)	\$ _____		

If deficit, how do you meet it?

## Statement of Financial Position:

Cash on hand	\$	Mortgages:	
Bank accounts:			\$
Checking			
Savings			
CDs			
IRA/Other Retirement Accounts		Loan Balances:	
401(K)			
Stocks/bonds			
Life insurance		Credit Card Balances	
Automobiles			
Home: current market value			
Other real estate:		Medical/hospital bills	
Personal Property:		Other:	
Total Assets	\$	Total liabilities	\$

## Supporting Documentation

Please attach a copy of the supporting documentation for which financial assistance is requested (i.e., mortgage statement, vendor invoice, other)

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am approved for financial assistance, any false statements, omissions, or other misrepresentations made by me on this application may result in forfeiture of financial assistance.

Name (printed)	
Signature	
Date	

## Information to Submit Application

Please submit this application via FAX, email or U.S. Mail.

**FAX:** 816-595-6172

**EMAIL:** [BenevolentFund@nabcfoundation.org](mailto:BenevolentFund@nabcfoundation.org)

**MAIL:** NABC Foundation, Attn: Stephanie, 1111 Main St.-Suite 1000, Kansas City MO 64105-2136

**DO NOT WRITE BELOW THIS LINE – FOR NABC FOUNDATION USE ONLY**

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Date application received \_\_\_\_\_

Approved?  Yes  No Date Approved \_\_\_\_\_

Denied  Yes  No Reason for denial \_\_\_\_\_

Amount approved \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Check # \_\_\_\_\_