WE'RE HERE TO HELP

Financial Assistance Application

SOKOL GREATER CLEVELAND
4939 BROADWAY AVENUE, CLEVELAND. OHIO 44127

APPLICANT INFORMATION

PLEASE PRINT.

☐ New Application
☐ Renewal

Name
First Last

Mailing Address

City Zip

Home Phone

Cell Phone

Email

If under 18, parent or guardian's legal name(s):

ALL PERSONS LIVING IN HOUSEHOLD

Place a check mark for each family member applying for assistance.

	Name	DOB mm/dd/yy	Adult, Child, or Dependent
☐			☐A☐C☐D
☐			☐A☐C☐D
☐			☐A☐C☐D
☐			☐A☐C☐D
☐			☐A☐C☐D
☐			☐A☐C☐D
☐			☐A☐C☐D
☐			☐A☐C☐D
☐			☐A☐C☐D

FINANCIAL INFORMATION

My household income for the past month was: $_____

I can afford _____ per month

Assistance currently receiving:

☐ Supplemental Security Income (SSI)

☐ Food Stamps ☐ Medicaid ☐ Rental Assistance

☐ Other: _____

Please attach copies of the following forms, if applicable.

☐ IRS 1040 Federal Tax Form
☐ Two current pay stubs
☐ Copy of Social Security or Disability checks
☐ Copy of recent bank statement showing amount of automatic monthly deposit(s)
☐ Copy of unemployment check, child support or alimony payment
☐ Copy of rental assistance, ADC, food stamps or other forms of assistance.

THIS APPLICATION IS FOR: Check all that may apply.

Membership **Programs**

Attach all applicable financial documents and submit to class instructor, or Membership Committee with your completed APPLICATION FORM - NO FAX or E-MAIL

_____

SIGNATURE DATE

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact [illegible] immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Please share with us how financial assistance will benefit you and your family. Include any additional information or extenuating circumstances of why you are in need of this assistance.

Name: _____ Phone: _____ Email: _____

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