



THE NESHAMA FOUNDATION

Financial Assistance Application

Applicant Information (person requiring assistance)

First Name: _____ . Last Name: _____ . Middle Name: _____

Marital Status: _____ Home Address: _____

Home Phone: _____ Cell: _____ Email: _____

Social Security Number: _____

Employment/Revenue

Occupation/Industry: _____ Employment Status: _____

Position: _____

Do you or any family member have any ownership or financial interest in the company: Yes / No

Most Recent Year Taxable Income: _____ Government Assistance: _____

How much did you receive in financial support from family and friends: _____

Financial interest from real estate: _____ Financial Interest from other business: _____

Residence

Home Address: _____

Purchase Date: _____ Purchase Value: _____ Current Mortgage Balance: _____

Current Home Equity Line of Credit Balance: _____ Current Home Value: _____

Monthly Rent: _____ Length of Lease: _____ Monthly Mortgage Insurance: _____



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Credit Cards

Credit Card 1 Name: _____ Current Balance 1: _____
Credit Card 2 Name: _____ Current Balance 2: _____
Credit Card 3 Name: _____ Current Balance 3: _____

Vehicles (owned by household and/or business)

Vehicle 1 (make/model/year): _____ Vehicle 1 Monthly Payment: _____
Vehicle 2 (make/model/year): _____ Vehicle 2 Monthly Payment: _____
Vehicle 3 (make/model/year): _____ Vehicle 3 Monthly Payment: _____

Other Assets & Liabilities (current)

Cash and Equivalents: _____ Stocks & Bonds: _____
Retirement Accounts: _____ Other Assets: _____
Other Debts and Liabilities: _____

Do you own a secondary or vacation home: YES / NO

Do you own a boat or luxury vehicle: YES / NO

Family Income and Expenses (Yearly)

Food: _____ Utilities and HOA: _____ Car Insurance, Gas, Repair: _____
Health Insurance: _____ Medical Expenses: _____
After School/Child Care: _____ School Tuition: _____
Summer Camp: _____ Vacations/Entertainment: _____ Alimony Expense: _____
Alimony Income: _____ Domestic Help: YES / NO If Yes Yearly Cost: _____



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Vacations and Entertainment

Destination 1: _____ Length of Stay: _____ Cost: _____

Source of Funds: _____

Destination 2: _____ Length of Stay: _____ Cost: _____

Source of Funds: _____

Destination 3: _____ Length of Stay: _____ Cost: _____

Source of Funds: _____

Unique Circumstances

Please detail any unexpected recent/relevant family events and circumstances: _____

Please note any recent changes in health status (household): _____

Please note any recent changes in financial status: _____

Please note any recent changes in employment/business: _____

Please note any other sources of income/support received: _____



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Additional Information

How much do you think you can afford for a funeral and cemetery package:

Monthly: _____ Lump Sum: _____

Please feel free to highlight and describe any extenuating circumstances that will better help The Foundation make a decision.

Military Information

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Additional Documents Required

Please note that without the following documentation the application will be considered incomplete and may delay the processing of your application or result in rejection. If you have any questions or need assistance with obtaining any of these documents please contact our office ASAP.

1. Copies of your most recent tax returns including all schedules including Schedule K-1
2. Copies of W-2's for all members in the household
3. Copies of supporting documents for Social Security income, welfare, child support, food stamps, workers compensation and TANF (Temporary Assistance for Needy Families)
4. Copies of your most recent Complete Credit Report issued within the past 30 days by any of the 3 major credit bureaus.
5. Copy of most recent residential mortgage statement, or most recent residential lease statement
6. Copy of most recent Real Estate Tax Bill for primary residence
7. Copy of current car registration cards for all household vehicles
8. Most recent 3 monthly statements for all household vehicles.
9. Complete copy of most used credit card statements for all major credit cards that will appear on your credit report (3 most recent months)



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10. Complete copy of 3 most recent monthly bank statements for checking accounts connected to your earnings
11. Complete copy of 3 most recent monthly bank statements for all other bank accounts
12. If you indicated you pay for tuition, a copy of all tuition contracts.
13. If you indicated Military service, please provide a copy of your DD-214

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Financial assistance funds come from generous donors. To be fair to all applicants, only completed applications will be reviewed.

Signature: _____ Date: _____