

Connie J Goodale Breast Cancer Foundation
APPLICATION FOR ECONOMIC ASSISTANCE

To qualify to receive assistance, recipients must have breast cancer and live in Palm Beach County. Each application should include a copy of the recipient's driver's license, proof of residency in PBC such as a current utility bill and proof of breast cancer diagnosis.

Return this completed application in one of the following ways:

- ❖ fax to 561-651-7055
- ❖ Mail to P.O. Box 15015, West Palm Beach, FL 33416

Tell us about your residence:

List first and last name of person requesting assistance: _____
Street Address: _____
City: _____ Zip code: _____

****Please provide phone numbers/e-mail address where you can receive a secure message.****
Primary Phone #: () _____ Alternate Phone #: () _____ Work Phone #: () _____
E-mail: _____

Tell us about the people in your household:

List other permanent members of your household including children.

Household Member #1:
Name: _____
Relationship to you: _____
Gender: Female Male (Circle) Date of Birth: _____

Household Member #2:
Name: _____
Relationship to you: _____
Gender: Female Male (Circle) Date of Birth: _____

Household Member # 3:
Name: _____
Relationship to you: _____
Gender: Female Male (Circle) Date of Birth: _____

If there are other people in your household, use additional sheets.

Please list employment data:

Are you employed? YES NO
If so, employer's name: _____
Employer's address: _____

Job Title: _____
How long have you been there? _____
Phone number of person who at employer's who can verify: _____

Other household member's name: _____
Employer: _____
Employer's address: _____
Job Title: _____
How long has person been employed there? _____

If other household members are employed, use additional sheets.

Tell us about changes you expect regarding employment and/or benefit status:

Are you or is any household member awaiting approval for any kind of benefits (disability, unemployment, and so forth)? **YES NO**

If so, which household member? _____ What kind of benefit is it and when should it start? _____ Do you expect any other changes to income or benefits you haven't already shared with us?

Tell us about your bills:

List the **average monthly** amounts paid for the following items.

Please complete information for ALL monthly bills, not just bills you need assistance with.

Rent/Mortgage \$ _____ /mo. Has a late notice been received? YES NO

Do you pay association dues? (Homeowner Association)? YES NO If so, how much are the dues? \$ _____ Are they behind? YES NO _____ If so, what is the balance? \$ _____

Is your home currently in foreclosure? YES NO I don't know

If so, what is the amount you are behind? \$ _____

Avg. Electric \$ _____ /mo. Has a late notice been received? How much is owed? \$ _____

Avg. Water \$ _____ /mo. Has a late notice been received? How much is owed? \$ _____

Avg. Propane/Natural Gas \$ _____ /mo. Has a late notice been received? _____ How much is owed? \$ _____

List the average monthly amounts paid for the following items: Child Care \$ _____ /mo.

Car Payment \$ _____ /mo. Car insurance \$ _____ /mo. Home/Cell Phones \$ _____ /mo.

Cable/Satellite \$ _____ /mo. Gas/Transportation \$ _____ /mo. Food/Personal Items \$ _____ /mo.

Other monthly bills: \$ _____ /mo Explanation: _____

Use additional sheets if necessary.

Tell us about your medical history:

Name of your oncologist: _____

Phone number: _____

Summary of your medical history including but not limited to: diagnosis date, treatment, surgeries:

Use additional sheets as necessary.

Tell us about your request:

How did you hear about our program? _____

Have you applied for assistance from The Connie Foundation before? YES NO

If so, When? _____

What do you need assistance with (Rent/mortgage, Utilities, medical expenses and so forth) and for what amount(s)? _____

Use additional sheets as necessary.

Write a summary of what has happened that caused you to require assistance with these bills?

Use additional sheets as necessary.

The information on this application is true to the best of my knowledge.

Signature

Date