



## **Application for Funds**

**Date of Request:** \_\_\_\_\_

**Name of Person Requesting Assistance:** \_\_\_\_\_

**Date of Birth of Person Requesting Assistance:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Explain your circumstances that have resulted in your need for assistance from The Harriet Cariello Foundation:**

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**What is the best way to contact you:** \_\_\_\_\_

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Careful consideration is given to all applicants. Every applicant needs to provide proof of eligibility, along with their application. This includes last year's federal income tax returns and last two pay stubs, if applicable. For those unable to work and disability benefits have been denied, a denial letter or court ruling needs to be provided. Please supply any additional documentation that may support your need for funds. You will be notified of charitable funds available to you if approved.

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### **FOR HCF BOARD USE ONLY:**

Date submitted at board meeting \_\_\_\_\_

Approved \_\_\_\_\_ Declined \_\_\_\_\_

Contacted applicant with decision on this date: \_\_\_\_\_

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