بسم الله الرحمن الرحيم

In the name of God, most Gracious, most Merciful

The Bay County Brotherhood Program

Applicant's Social Security Number _ _ _____ Date of Birth _____

Please type or print legible.

Applicant's Name _____

All blanks must be completed.

Address _____

This information is kept confidential

City_____ County_____

and will only be used for the

State _____Zip_____ Telephone (_____)_____

purpose of the Brotherhood program

Marital Status_____ Number of Dependents _and Ages_____ Spouse's name: _____

Complete financial information on total household members is required.

Assets		**MONTHLY Income**		**MONTHLY Expenses**	
				Household	
Checking Acct.	$_____	Take Home Pay	$_____	☐ Rent ☐ Mortgage	$_____
		Spouse's			
Savings Acct.	$_____	Take Home Pay	$_____	Food	$_____
		Addl. Household Income	$_____	Telephone(s)	$_____
Home					
Assessed Value	$_____	Social Security	$_____	Gas	$_____
		Aid to Children/			
Stocks & Bonds	$_____	Child Support	$_____	Electricity	$_____
		Welfare Benefits	$_____	Water	$_____
Auto				**Transportation**	
Year/Make_____		Retirement Income	$_____	Auto Payment(s)	$_____
		Veteran's Benefits	$_____	Taxi Fee/Gasoline	$_____
				Medical Expenses	
		Other (Specify)	$_____	Applicant's t's Medication $_____	
		Total Monthly Income	$_____	Family Medications	$_____
				Other	
				Health Ins.	$_____
				Life Ins.	$_____
				Auto Ins.	$_____
				Credit Accounts	$_____
				Loans (Specify)	$_____
				Misc. (Specify)	$_____
				Total Monthly Expenses	$_____

I attest that the financial information I have provided is complete and accurate and I agree that the Brotherhoood members may verify this information.

I agree that the Brotherhood committee may disclose information contained in this application to any agencies who can help with my request.

Applicant's Signature ***Date***

PLEASE NOTE: ***Incomplete applications will be returned!***

The Bay County Brotherhood Program

List all sources of assistance available to the you

Medicare ☐ Yes ☐ No Explain benefits_____

Medicaid ☐ Yes ☐ No Explain benefits_____

Food Stamps ☐ Yes ☐ No Explain benefits_____

Are you receiving assistance from Social Service agencies ☐ Yes ☐ No Explain

Please describe the steps you have taken to resolve your issue. Describe what you are requesting financial assistance for ...

Total Amount Requested: $_____

I attest that the information provided in this application is complete and accurate to the best of my knowledge.

Applicants Signature Date