



A FLORIDA NOT FOR PROFIT CORPORATION A 501(c)(3)  
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**ASSISTANCE APPLICATION**    Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_ Email \_\_\_\_\_

*Please list bills and attach copy of each:* \_\_\_\_\_

*If requesting rental assistance, we need you Landlord's:*

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_ Best time(s) to call \_\_\_\_\_

*\*\*Please note- new will be requesting your landlord's social security number\*\**

*Describe the reason(s) you are requesting assistance or attach statement – be specific.*

*Are you currently employed*  *yes*  *no (if not currently employed, please explain)*

Name of Employer \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone(s) \_\_\_\_\_

*What other agencies/organizations have you contacted for help?*

I, the undersigned applicant, attest that all the information contained herein is true to the best of my knowledge  
And give Sister Season Fund, Inc. my permission to make inquiries as needed in consideration of my application.

\_\_\_\_\_  
Applicant's Signature

\*\*\*If this is a medically related request, provide physician's statement indicating you diagnosis and prognosis for recovery.  
\*\*\*If this is related to an accident or incident, please provide a copy of the accident or police report.