



A Florida NOT FOR PROFIT CORPORATION 501(c) (3)  
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**For Office use only:**  
App # \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_  
Notes: \_\_\_\_\_

### Assistance Application

**Please submit the following with this application:**

**Copies of lease (first and last page only), utility bills, 1 month payroll validation, 3 months most recent bank statements, hospital paperwork, (with admittance and discharge dates), doctors out of work note, police report, if applicable.**

**Also provide: Photo ID, SS card W-9 form from the landlord will be requested upon need**

**We can only assist with rent/utilities, you must work in the Hospitality/Tourism business and be temporary out out work.**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Landlord name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address where check is to be mailed: \_\_\_\_\_

How many people live at this location: \_\_\_\_\_ Total Rent: \_\_\_\_\_ Your share of rent: \_\_\_\_\_

Total Utilities: \_\_\_\_\_ Your share of utilities: \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Ph # \_\_\_\_\_

Describe the reason you are needing assistance (attach additional pages if needed):  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned applicant, attest that the above information contained herein to be true and factual.

I GIVE SISTER SEASON FUND FULL RELEASE AND MY PERMISSION TO CONTACT ALL OF THE ABOVE TO MAKE INQUIRIES REGARDING THIS APPLICATION. I HAVE INFORMED ALL OF THE ABOVE THAT SSF MAY BE IN TOUCH AND TO RELEASE ALL INFORMATION NEEDED. THIS INCLUDES ITEMS COVERED UNDER THE HIPPA ACT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_