A Florida NOT FOR PROFIT CORPORATION 501(c) (3)
422 Fleming St. UP or P.O. Box 4535 Key West, Fl. 33041 305.923.6524

Web: www.sisterseason.com FaceBook: Sister Season Fund Group Email: info@sisterseason.com

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 APPLICAITON. 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:** _____