



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, 3 months most recent bank statements, hospital paperwork, (with admittance and discharge dates), doctors out of work note, police report, if applicable.

We only assist with rent/utilities

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: _____

Please also provide : **Photo ID, SS card, W-9 form from the Landlord and wage and income verification**

Employer: _____ Supervisor: _____

Phone #: _____ Email: _____

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: _____

What other agencies have you contacted?

