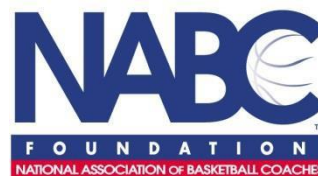


# Benevolent Fund Application



## Contact Information

Name										
Street Address										
City					State			Zip Code		
Home Phone										
Cell Phone										
E-Mail Address										
Marital Status	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widow

## Reason for Application

☐ Job loss

☐ Serious illness (please explain) \_\_\_\_\_

☐ Death of a family member

Relationship \_\_\_\_\_ Date of death \_\_\_\_\_

☐ Disaster (please explain) \_\_\_\_\_

☐ Other (please explain below) \_\_\_\_\_

\_\_\_\_\_

**Note:** The NABC Foundation's Benevolent Fund is only able to grant funds one-time per applicant due to IRS rules and regulations.

## Explanation of Need (please provide detail for request of financial need)

### Other Assistance:

Indicate below if you have applied for and been granted other assistance by:

	<u>Requested</u>		<u>If Requested</u>		
	<u>Yes</u>	<u>No</u>	<u>Granted</u>	<u>Denied</u>	<u>Pending</u>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other i.e. (local city/state assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Employment History

Currently employed ☐ Yes ☐ No

If currently employed, please indicate ☐ Full Time ☐ Part-Time

Name of current employer: \_\_\_\_\_

Current average wage (per week) \$ \_\_\_\_\_

Name and address of former employer (if unemployed) \_\_\_\_\_

Prior average wage (per week) \$ \_\_\_\_\_

### Dependents and others living with you:

Name	Relationship	Age	Health	<u>Employed</u>	
				<u>Yes</u>	<u>No</u>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Monthly Cash Receipts and Cash Payment:**

Round to the nearest \$100

Receipts		Payments	
Employment:		Food	\$
Yourself	\$	Rent or mortgage	
Spouse		Loans/credit cards	
Interest		Medical/hospital bills	
Savings		Utilities	
Unemployment		Electric/Gas/Oil/Water	
Social Security		Telephone/TV/Internet	
Worker's Compensation		Taxes	
Health and Accident insurance		Real estate	
Pension and other retirement income		Other	
Other		Insurance	
		Life	
		Health	
		Auto	
		Home	
		Other:	
Total Cash Receipts	\$	Total Cash Payments	\$
Cash Receipts	\$		
Cash Payments			
Surplus/(Deficit)	\$		

If deficit, how do you meet it?

### Statement of Financial Position:

Cash on hand	\$	Mortgages:	
Bank accounts:			\$
Checking			
Savings			
CDs			
IRA/Other Retirement Accounts		Loan Balances:	
401(K)			
Stocks/bonds			
Life insurance		Credit Card Balances	
Automobiles			
Home: current market value			
Other real estate:		Medical/hospital bills	
Personal Property:		Other:	
Total Assets	\$	Total liabilities	\$

### Supporting Documentation

Please attach a copy of the supporting documentation for which financial assistance is requested (i.e., mortgage statement, vendor invoice, other)

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am approved for financial assistance, any false statements, omissions, or other misrepresentations made by me on this application may result in forfeiture of financial assistance.

Name (printed)	
Signature	
Date	

### Information to Submit Application

Please submit this application via email or U.S. Mail.

**EMAIL:** [nate@nabc.com](mailto:nate@nabc.com)

**MAIL:** NABC Foundation, 30 W. Pershing Road, Suite 840, Kansas City MO 64108

**DO NOT WRITE BELOW THIS LINE – FOR NABC FOUNDATION USE ONLY**

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Date application received \_\_\_\_\_

Approved? ☐ Yes ☐ No Date Approved \_\_\_\_\_

Denied ☐ Yes ☐ No Reason for denial \_\_\_\_\_

Amount approved \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Check # \_\_\_\_\_