

CONFIDENTIAL
CHRISTINE M. MCCAFFREY COMMUNITY EMERGENCY FUND
APPLICATION FOR FINANCIAL ASSISTANCE

Box 486, Yardley, PA 19067-8486 Phone: 215-970-2505 Fax: 215-752-0667
Financial Support is provided on a one-time basis
Every question must be answered, or the application will be returned.
Effective Date: 11/01/2014

APPLICANT INFORMATION

Name:

Date of birth:

Home Phone:

Cell Phone:

Current Street Address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:
\$

How long at this address?

Names and Ages of Family Members Dependent on you for Support:

Have you or a family member applied for or have received benefits from us? Yes No (Please circle)

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Monthly Income:
\$

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Name of Supervisor:	Phone:	Extension:
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HOUSEHOLD EXPENSES

AMOUNT PAID PER MONTH MUST BE LISTED FOR THE FOLLOWING:

Rent / Mortgage: \$	Electric / Gas: \$
Phone: \$	Cable: \$
Car Payment: \$	Car Insurance: \$

ASSETS

LIST TOTAL AMOUNT FOR EACH OF THE FOLLOWING:

Checking: \$	Savings: \$
IRA / Retirement: \$	Other: \$

GOVERNMENT ASSISTANCE

LIST TOTAL AMOUNTS FOR EACH OF THE FOLLOWING:

Rent Subsidy: \$	PECO Assistance: \$
Food Stamps: \$	Disability: \$
Unemployment: \$	Social Security: \$
Welfare: \$	Child Support: \$

SOCIAL SERVICES

YOU **MUST** LIST ALL AGENCIES YOU HAVE CONTACTED & THE CONTACT PERSON & PHONE NUMBER OF EACH

Agency	Contact Person	Phone Number

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SUMMARY OF REQUEST
BE DETAILED AND SPECIFIC
YOU MAY ATTACH FURTHER INFORMATION ON A SEPARATE SHEET

What is your need?

What happened to cause it?

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ADDITIONAL INFORMATION

- Do you have any outstanding claims with an Insurance Company?
o Yes No (Please circle) Amount: \$
- Have you borrowed any money?
o Yes No (Please circle) Amount: \$
- How did you hear about us?

- The Fund donates just once to any individual or family, and then only to a provider of services.
- This Fund does not deal with Foreclosures or Taxes.
- All documents received from applicants not receiving funds are destroyed.
- Please note that all information is CONFIDENTIAL.

I have examined the statements listed on this application for assistance, and to the best of my knowledge, the information I have provided is true.

Signature of applicant:

Date:

The Christine M. McCaffrey Community Emergency Fund is a 501 (c) (3) non-profit Pennsylvania registered Corporation. Our mission is to provide assistance to members of the Bucks County Community in non-recurring, critical or emergency situations when other support services have faltered or are not available.