



APPLICATION FOR EMERGENCY FINANCIAL ASSISTANCE

Name _____ Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Employer _____ Address _____

City _____ State _____ Zip Code _____

Position _____ Salary (per year) _____

Marital Status: _____

Married Single Divorced Widowed

Wifes Name _____ Employer _____

Address _____ Work Phone _____

Position _____ Salary (per year) _____

Number of dependents living at home: _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

EMPLOYMENT HISTORY

Employer _____ Address _____

City _____ State _____ Zip code _____

Phone _____ Positon _____

Contact person _____

Employment dates:

From _____ To _____

Reason for leaving _____

Employer _____ Address _____
City _____ State _____ Zip code _____
Phone _____ Positon _____
Contact person _____
Employment dates:
From _____ To _____
Reason for leaving _____



Employer _____ Address _____
City _____ State _____ Zip code _____
Phone _____ Positon _____
Contact person _____
Employment dates:
From _____ To _____
Reason for leaving _____



Please write a detailed description of your situation/problem, and how you would use your aid, if granted. (Please feel free to use additional paper, if necessary).

(Use back of sheet if necessary)



Amount of aid requested: _____

Are you receiving any other financial assistance? YES or NO

If YES, Please explain: _____

What steps have you taken to rectify your situation?

Please list 3 references we may contact. (NO family members, please).

NAME	ADDRESS	PHONE	RELATIONSHIP
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

If aid were to be granted, the Greater Kansas City Community Foundation would write checks, on your behalf, directly to the debtor. Please list to whom the checks would be written and in what amount.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



ALL APPLICATIONS MUST INCLUDE LAST TWO YEARS W-2 FORMS, OR LAST TWO YEARS INCOME TAX RETURNS.

All applications are to be submitted to Rick's Place, 16370 NW 130th Terrace, Platte City, MO 64079 Or fax to (816) 858-4198. Applications will be reviewed by an impartial anonymous advisory council.

Any additional support documentation you wish to provide that you feel would assist in the review of your application please attach to the back of the application.

I hereby pledge that all the information contained within this application is to the best of my knowledge accurate and truthful. Any misleading or fraudulent information may result in either denial and/or termination of aid.

APPLICANT SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____
(If applicable)