ELSMERE BUREAU OF POLICE NEEDY FAMILY FUND, INC.

11 Poplar Avenue, Elsmere, Delaware 19805-2196 (302) 998-1173 FAX (302) 998-9922

Application for Assistance

First Name	Middle Initial	Last Name
Street Address		Apt. Number
City	State	Zip Code
Social Security Number		
Do you own your home?	YesNo (pleas	e check correct answer)

Please complete the following for all people living in your home:

First, Last Name	Relationship to Applicant	Social Security Number	Date of Birth

100 				r home?Ye	
	provide name(s) of pa				
Are there any other n	ames used by anyone i	n the home(i.e. maiden	, aliases)?	Ye	esNo
	e provide household m				
Does anyone in the ho	me attend school?			Ye	esNo
		ember(s) name and sch			
ls anyone in the house	hold being sought by I	aw enforcement:		Ye	sNo
	provide household me				
las anyone been conv	ricted of:			Ye	sNo
			Supplemental Security I	ncome(SSI)	
	lling food assistance be l assistance benefits	enefits			
		ember(s) name(s) and d	ate of		
			npers, motorcycles, etc.		sNo
	provide:				
If yes please			Amount Owed	Value	
If yes please Owner	Year	Make/Model			Leased
and the second	Year	Make/Model			Leased

	Location	Amount	Value	Туре	
Owner		Owed		Rental	Own

Does anyone in your household, including children, have any of the following assets or receive income that is not from a job?

Cash, Checking Account, Savings Account, Credit Union Account, Stocks, Bonds, Certificates of Deposit, Life Insurance, Trust Fund, Money Market Fund, Deferred Compensation Plan, Burial Funds, Contract for Deed, IRA, 401K, Child Support, Alimony, Social Security, SSI State Supplement, Unemployment, Worker's Compensation, Veteran's Benefits, Retirement Plan, Pensions, Annuities, Dividends, Rental Income, Prizes, Money from Family or Friends, or any other sources income.

If you can answer yes to any of these types of income not from a job please explain below:

	Type of	Financial			Source of	Gross Amount Per Month
Name	Asset	Institution	A/C Number	Balance	Income	Received

Please use the space below to provide any other information related to assets available to you:

Household expenses:

Expenses	Provider of Services	Payment	Per Week(W), Month(M), Year(Y)
Rent/Mortgage			
Property Tax			
Insurance/ Home/			
Auto/Etc.			
Telephone			
Water			-
Sewer			
Cable/TV			
Day Care			-
Child Support			
Medical Expenses			
Other: describe expense			

Please briefly describe the nature of your current difficulty and why you are making this

request:_____

I understand that the information on this form is subject to verification by Federal, state, and local officials to determine that it is correct and complete. If any information is found to be incorrect, I may be responsible for repaying any benefits that I may receive. I declare and affirm, under penalties of perjury, that this application has been examined by me and to the best of my knowledge and belief, is true and correct. I understand that I may be subject to criminal prosecution for knowingly providing false or misleading information herein.

Signature of Applicant:____