

FAMILIES IN TRANSITION OF BENICIA
P.O. Box 321 — Benicia, CA 94510 — Hot Line: 707-645-3000
www.familiesintransition.org

Application for Assistance

(All information is kept confidential)

Applications will remain valid for a *maximum of 45 days* from the date of interview.

After the 45 day limit, applicants must reapply.

Date _____

Name _____ SS# _____

Current Address _____
Street City Zip

How long have you resided at the above address? _____

Home phone _____ Work phone _____

Name of landlord _____ Phone _____

Landlord address _____

Marital status _____ Spouse's name _____ SS# _____

Is spouse working? _____ Employer _____ Phone _____

Are you disabled? _____ If yes, explain _____

Previous address _____
Street City Zip

How long did you live at this address? _____ Why did you move? _____

Are members of your family living with you? _____ Detail below:

<u>Relationship</u>	<u>Age</u>	<u>Sex</u>	<u>School Name</u>	<u>Disability (if any)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How much are you are requesting? \$ _____ Reason? _____

Have you used our services in the past? _____ Date? _____

Are you working? _____ Name of your employer _____

Employed for how long? _____ Employer phone _____

If unemployed, reason for ending employment _____ When did it end? _____

If unemployed, list three other previous employers, their phone numbers, and dates of employment.

What is your educational/vocational background? _____

Are you currently seeking employment? _____ List companies/businesses with which you have filed applications

Phone _____

Phone _____

Do you have transportation? _____ Type, make, and year of vehicle _____

Driver's license number _____ Do you have child care? _____

In case of an emergency, contact _____ at _____

Monthly Budget Information

Income from	Amount	Household Expenses	Amount	Current (c) Behind (b)
Job (s)	\$	Rent you pay*	\$	
AFDC		Total PG&E		
Disability		Benicia Portion of PG&E**		
Unemployment		Water		
Pension		Phone		
SSI		Other		
Social Security		Cable		
Other		Food you pay*		
		Child Care		
		Medical Expenses		
		Car Insurance		
		Car payments		
		Fuel for Car		
		Clothing		
		Credit Cards		
		Entertainment		
		Other		
Total Income	\$	Total Expenses	\$	

* Do not include portion paid by Housing Authority, Section 8, or Food Stamps

****Only the portion of a bill incurred at a Benicia residence is eligible for assistance**

Summary

Monthly Income \$ _____

Minus Monthly Expenses \$ _____

Difference \$ _____

How are you planning to cover/spend the difference? _____

I hereby give my permission to Families in Transition to verify the above information. I also hereby give my consent to release this information. I understand that completion of this application does not constitute acceptance in the program.

Signed _____ Date _____

Interviewed by _____ Date _____

Recommendation _____

The following criteria must be met by applicants in order to receive assistance from FIT:

1. Applicants must have been a Benicia resident for *at least 3 months*. Prospective clients must complete FIT's application form and be interviewed by a FIT liaison to determine eligibility and needs. The liaison works closely with the client to ensure that the program requirements are met and eliminate the possibility of duplicating services being provided by other organizations or agencies.
2. FIT's liaison and executive committee must be convinced that FIT's financial assistance at the time will be a stabilizing factor for the applicants. Applicants must present a completed budget that shows a plan for financial stability.
3. Client has been advised to apply for county or state benefits if eligible.
4. Client, if able and unemployed, must be actively searching for a job.
5. Client must sign the application to declare that all of the above requirements are met and all the information is true.

I declare that I meet the conditions stipulated above and all my information on this application is true.

Signature

Date

While no repayment is required, as your finances permit, Families in Transition would appreciate any donations you might wish to share with those we help in the future. You may send donations made out to Families in Transition at P.O. Box 321, Benicia, CA 94510, or you may go to www.familiesintransition.org and use Paypal.

Copy for Client

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