



Project Giving, Inc. Financial Assistance Application

*“Share each other’s burdens...”
Galatians 6:2*

Project Giving, Inc. is an all-volunteer, 501(c)(3), non-profit organization that is **passionate** about “Building Bridges of Hope” for families in our local community who are suffering from chronic medical illnesses. In order to receive financial assistance, you or your immediate family member **must have a medical diagnosis** from a certified medical institution/certified medical physician. In submission of this financial assistance application, **a copy of the medical diagnoses is required in order to proceed with your application.**

Project Giving, Inc. “Builds Bridges of Hope” for families by funding travel expenses to and from medical treatments (such as plane tickets, gas, food, & lodging), supplying mortgage payments, and/or providing for utility bills, etc. **We are unable to directly pay the person/person(s) seeking assistance or any medical institution. In submission of this financial application, please attach a copy of all relevant bills.**

All financial assistance is subject to the availability of funds, the amount of prior approved requests by the applicant, and other factors deemed relevant by the Project Giving, Inc. Financial Assistance Committee.

Please, complete the following information truthfully and as thoroughly and specifically as possible. The more information you provide us, the better educated we are in making a decision per your financial assistance.

In submission of this financial assistance application, please, remember to attach a copy of the following (or your request will be denied):

- medical diagnosis (***from a certified, medical physician***)
- all relevant bills

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PERSONAL INFORMATION

Date: _____

Name of Person Seeking Assistance: _____

Sex: (circle one) Male or Female

Home Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Another Form of Contact: _____

E-mail Address(es) (very important):

Personal: _____

Work: _____

If you are not the person diagnosed with the medical illness, what is your relation to that person? _____

What is the medial diagnosis of the person needing financial assistance?

Date of Diagnosis? _____

Marital Status: (circle one) Married Single Divorced

Number of person(s) living in your home: _____

Names **and** Ages of all person(s) living in your home:

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)

EMPLOYMENT INFORMATION

Do you have a job? (circle one) Yes (or) No

If not, please specify why you do not have a job? _____

Please, list your last 3 places of employment **and** length of employment per each one?

- 1)
- 2)
- 3)**

If you do have a job, who is your current employer? _____

Address of Employer: _____

City: _____ Zip Code: _____

Phone # for Employer: _____

If married, does your spouse have a job? If not, please specify why he/she does not have a job? _____

If your spouse does have a job, who is his/her current employer? _____

Address of Spouse's Employer: _____

City: _____ Zip Code: _____

Phone # for Employer: _____

FINANCIAL INFORMATION

(Please, give FULL DISCLOSURE concerning EACH source of income per month.)

Employment: _____

Retirement: _____

Social Security: _____

Child Support: _____

Alimony: _____

Disability *(Please, include the type of disability.):* _____

Food Stamps: _____

All Other(s): _____

***** What is the TOTAL of your combined, yearly income? _____**

What are your specific financial needs? *(Please, note, we are **unable** to pay medical institutions, doctors, or medical debt of any kind. We provide funding to meet the practical needs of those we are trying to help; i.e - mortgage/rent, utility bills, etc.)*

Please, explain the reason for your request and how your (or a family member's) medical diagnosis has specifically affected this financial need. (Use the back if necessary.)

Have you received financial assistance elsewhere? (circle one) Yes (or) No

If so, where? _____

HOME MORTGAGE/MONTHLY RENTAL INFORMATION: Please, provide us a copy of your **latest** monthly home mortgage/rental statement (i.e. - monthly payment amount, payment address, account number, and any other relative information).

How much if your mortgage/rent per month? _____

UTILITY PAYMENT INFORMATION: Please, provide us a copy of your **latest** monthly utility statement (i.e. - monthly payment amount, submission of payment address, account number, and any other relative information).

How much is your average utility payment per month? _____

Please, include any other personal, financial, etc. information that might be relevant in our decision making process. (Use the back if necessary.) _____

By signing this document, I, hereby, swear that the above provided information is true and correct. I understand that any false statements made could cause Project Giving to forfeit any and all possible assistance.

Applicant's Name (Please, print.) _____

Applicant's Signature _____

Date Signed: _____

There are two manners in which to submit this application: (Please, make SURE all necessary information and paperwork is attached or enclosed; otherwise, it will cause a delay in your application process.)

- 1) E-mail the completed application to info@projectgiving.net; or
- 2) Mail the completed application to:

**Project Giving, Inc.
P.O. Box 7996
Warner Robins, GA 31095-7996
ATTN: "Assistance"**

For further information or answers to your questions, please refer to our website at www.projectgiving.net, or call us at (478) 224-HOPE. ***We look forward to seeing how we can "Build A Bridge of Hope" for you and your family! GOD BLESS YOU!!!***

FOR PROJECT GIVING OFFICE USE ONLY:

Approved: Yes _____ (or) No _____

If "No," what is the reason?

Date Approved: _____

Total Amount Paid: \$ _____

How was the Financial Assistance specifically allocated?

