



BENEVOLENCE REQUEST INFORMATION FORM

Please fill out **Background Release Form** and both **sides of this application** completely. Give as much information as possible to assist in the review of your request. Attach your photo copies of **PROOF of INCOME**, **bills** (all pages), **lease agreements** and **other documentation of expenses** required to represent your need for assistance. (*copies will not be returned*).

Processing may take 5 -10 business days from the date you submit your request.

Please Note: Failure to include all necessary documentation or to complete the entire form may delay review.

MakeAWay Charities will notify you by e-mail and/or mail regarding the status of your request.

PLEASE PRINT CLEARLY

FAMILY INFORMATION:

APPLICANT'S NAME: _____ DATE OF BIRTH: ___/___/_____

SPOUSE'S NAME: _____ DATE OF BIRTH: ___/___/_____

HOUSEHOLD MEMBERS LIVING WITH YOU (*not listed above*):

NAME:	RELATIONSHIP:	DATE OF BIRTH:

Address: _____ Apt # _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ - _____ - _____ Cell: _____ - _____ - _____ Work: _____ - _____ - _____

Home E-Mail: _____ Alternate E-Mail: _____

EMPLOYMENT INFORMATION:

Employer: _____ Location: _____ How Long: _____

Spouse's Employer: _____ Location: _____ How Long: _____

If Unemployed - How Long (*Self*): _____ Name of previous employer: _____

Reason for Unemployment: _____

Primary work experience/education: _____

If Unemployed - How Long (*Spouse*): _____ Name of previous employer: _____

Reason for Unemployment: _____

Primary work experience/education: _____

Please describe circumstances that led to your need for assistance: (include separate sheet if needed)

*** How did you hear about MakeAWay Charities:

*** Have you received assistance from any organization or agency in the last 6 months?

Yes	No
-----	----

If approved to receive assistance, please consider allowing MakeAWay to use your story publicly (first name only). By signing below and submitting a photo of you and your family, you will allow MakeAWay to gain support from donors by showing how your family was helped. Yes No Signature: _____

Please Note - Photographs will not be returned

*****Include your resume with your application; MakeAWay sponsors hire hard working people.**

Please list **ALL Income and Monthly Expenses** for your household, **not just the expenses for which assistance is requested.**

You **MUST** provide a copy of each bill (all pages) or expense for which assistance is requested along with a copy of recent proof of income.

Monthly Income of All Members Living With You	Current Monthly Income	Monthly Income Prior to Loss of Employment	Monthly Household Expenses	Expense Amount	Date Due	Put Check Mark in this column to show Expenses for which you are Requesting Assistance	Specific Comments per Expense
Applicant's Wages			Mortgage or Rent				
Spouse's Wages			Electricity				
Other Household Member's Income			Natural Gas				
Social Security Income			Water				
Disability Income			Home Phone/Internet/Cable				
Retirement Income			Cell Phone				
Food Stamps			Car Payment				
Unemployment Benefits Income			Auto Insurance				
Child Support (Receiving)			Health Insurance				
Alimony			Groceries				
Extended Family Support			School Expenses - Tuition				
Any Other Income			Laundry				
Business or Sales Income			Clothing/Shoes				
TOTAL MONTHLY INCOME:			Medical/Prescriptions				
CURRENT CASH AVAILABLE			Satellite				
Checking Account Balance			Child Care				
Savings Account Balance			Child Support (Paying)				
Savings Account Balance			Credit Card 1 -				
Savings Bonds			Credit Card 2 -				
Investment Account Balance			Credit Card 3 -				
Retirement Account Balance			Loans (explain)				
CASH AVAILABLE:			Other Expense				
			TOTAL EXPENSES:				

Total Amount Requested: \$ _____

MakeAWay Charities Financial Stewardship Classes

Enrolled in Class: Yes ___ No ___ Month: _____

Completed Class: Yes ___ No ___ Month: _____ Year: _____

Please give any additional information regarding your income, expenses or current circumstances that you would like



PO BOX 702987 | DALLAS TX 75370
 INFO@MAKEAWAYCHARITIES.ORG
 P 972-512-4405 | F 972-512-4732

MakeAWay Charities is a nonprofit charitable organization committed to making a difference in the lives of individuals and the community around them. Through targeted support, MakeAWay is a source of assistance that prevents short-term financial emergencies from becoming catastrophes. By providing the right assistance at the right time, we can prevent the domino effect of debt and poverty that may plague a family during hard times.