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Application for Financial Assistance

Personal Information

Applicant Name: _____

Mailing Address: _____

Telephone Number(s): Home: _____ Cell: _____

Email Address: _____

Please list all people below who reside in your household:

Name	Birth Date	Relationship	Monthly Income

Reason for Request:

Please explain any assistance you are requesting:

What is the specific amount that you are requesting?

Please briefly explain the circumstances which brought about this need:

Please describe how your financial situation has changed since the financial crisis or medical diagnosis.

From what other sources have you requested financial assistance in the last year? Please include all organizations for which you have applied or received assistance and indicate the amount provided below.

Organization/Agency	Outcome (approved, declined, pending)	Amount Provided

Please indicate any type of financial aid you may be receiving from a government agency.

Government Agency	Yes	No
Unemployment Insurance		
Social Security		
Worker's Compensation		
Disability Insurance		
Supplemental Nutrition Assistance Program (SNAP)		
Other		

How did you hear about the Nothing Is Impossible Foundation?

Please attach any pertinent medical and/or financial documentation related to your request. For example, if this request applies to a need related to a medical condition, please include a statement of diagnosis from your physician. NIF may also request documentation related to your income.

Are you willing to consider financial counseling if it was offered to you?

Yes _____ No _____

Print Name: _____

Signature: _____

Date: _____



Current Financial Information:

Net Monthly Income: *Please indicate all sources of income:*

Applicant:

Spouse / Partner:

Other Monthly Income (child support, alimony):

Total Net Monthly Income

\$0.00

Please enter payment amounts in the green fields.

Expense	Name of Creditor	Monthly Payment Amount
Rent or Mortgage		
2 nd Mortgage		
Taxes & Insurance (if not included)		
Cable/Satellite/Internet		
Electric		
Gas / Oil (if not included in rent)		
Telephone		
Car Payment (s)		
Car - gas		
Car Insurance		
Food		
Child Care		
Life Insurance		
Personal Loan		
Credit Card		
Credit Card		
Tuition / Student Loans		
Medical		
Other Payment (Purpose)		
Other Payment (Purpose)		
Other Payment (Purpose)		
Total Monthly Expenses		\$0.00

Remaining Monthly Funds

\$0.00

Do you receive food stamps or use food pantries?

yes No

Do you receive any assistance for rent, utilities, child care?

yes No

If yes, how much do you receive on a monthly basis?

Please do not include in total above table