



FISH OF SANCAP
a 501(c)(3) non-profit serving Sanibel and Captiva
F.I.S.H. OF SANCAP is an equal opportunity provider.



EMERGENCY FINANCIAL ASSISTANCE APPLICATION

Applicant First Name: _____ Last Name: _____
 Cell phone _____ E-mail _____ DOB _____ Gender* _____
 Address _____ City _____ Zip code _____
 How long at this address? _____ Own _____ Mortgage Amt. / Month _____
 Married _____ Single _____ Divorced _____ Roommate _____ Yes _____
 No _____

***Male, Female, Non-binary, Gender Fluid, Prefer not to answer**

HOUSEHOLD MEMBERS: Please list all people in your household:

Name _____ DOB _____ Gender* _____ Race _____ Relationship to HOH _____
 Name _____ DOB _____ Gender* _____ Race _____ Relationship to HOH _____
 Name _____ DOB _____ Gender* _____ Race _____ Relationship to HOH _____
 Name _____ DOB _____ Gender* _____ Race _____ Relationship to HOH _____
 Name _____ DOB _____ Gender* _____ Race _____ Relationship to HOH _____
 Veteran: ___ Yes ___ No Honorable Discharge ___ Yes ___ No Branch of Service: _____

***Male, Female, Non-binary, Gender Fluid, Prefer not to answer**

Applicant Employment Information

Employer Name:		Employer Phone:	
Employer Address:		Employed Since:	
Position:	Pay Rate: \$	Hours Per Week:	Pay Frequency:
Overtime pay rate:	Avg. overtime hours per week:	Weekly tips:	

Applicant Employment Information (for second job)

Employer Name:		Employer Phone:	
Employer Address:		Employed Since:	
Position:	Pay Rate: \$	Hours Per Week:	Pay Frequency:
Overtime pay rate:	Avg. overtime hours per week:	Weekly tips:	

Co-Applicant Employment Information

Employer Name:		Employer Phone:	
Employer Address:		Employed Since:	
Position:	Pay Rate: \$	Hours Per Week:	Pay Frequency:
Overtime pay rate:	Avg. overtime hours per week:	Weekly tips:	

INCOME INFORMATION

OTHER SOURCES OF INCOME for ALL Household Members 18 and over: List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment, Workers Compensation, Welfare Payments, etc.

Name	Type of Income	Gross Annual Amount
1.		
2.		
3.		
4.		
5.		

ASSETS AND ASSET INCOME for ALL Household Members, including minors: List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)

Bank Name	Type of Asset	Balance
1.		
2.		
3.		

LIABILITIES ALL Household Members 18 and over: List all Credit Card Debt. List all Loans from Auto, Real Estate, Mortgage, etc.

Type of Credit / Loan	Creditor's Name	Balance Owed	Monthly Payment
1.			
2.			
3.			
4.			
5.			
6.			
7.			

MONTHLY EXPENSES

ITEM	AMOUNT	ITEM	AMOUNT
Rent / Mortgage		Car Payment	
Electric		Car Insurance	
Water		Medical Insurance	
Sewer & Garbage		Prescription Costs	
Phone		Monthly Medical Bill payments	
Internet		Total monthly expenses of all liabilities from previous page	
Cable		Preschool/After School Care Cost	
Food Cost		Misc. Expense	
		TOTAL MONTHLY EXPENSES	

In the past year, have you or a member of your family received financial assistance payments toward your rent/mortgage, utilities, medical/dental bills, or any other financial assistance from another social service agency?

NO ____ YES ____ If YES, please provide the type of assistance received and amount paid.

In the past year, have you been to programs, workshops or received services for you or a member of your family's needs from another social service agency? NO ____ YES ____ If Yes, please indicate the name of the agency and the need that was met.

What FISH offered programs and/or workshops have you attended in the last year?

Assistance Requested _____

Additional Comments _____

F.I.S.H. Representative:

Applicant:

Date: _____

Date: _____

CHECKLIST for CLIENT ASSISTANCE APPLICATION

Have received the following information:

_____ copy of **current one month** pay stubs of **ALL** jobs held by all persons working in your household

_____ copy of **current** lease agreement/mortgage documentation.

_____ copy of **current three months** of bank statements for **ALL** accounts (*checking, savings*)

_____ copy of child support paperwork (*if applicable*)

_____ copy of investments: stocks, bonds, annuities, securities (*if applicable*)

_____ copy of the **last TWO**-year's tax return

_____ copy of driver's license and/or state ID

_____ Other: _____

- ***Return of required documentation does not guarantee approval for financial assistance.***



Financial Assistance Participant Agreement Participant Statistics:

Name: _____

Address: _____

Phone: _____

Email: _____

I would like to enroll in this program because: _____

As a program participant, it is my hope that I will (explain anticipated outcome): _____

The return of required documentation does not guarantee approval for assistance

As a program participant, I agree and understand that I am required

- to participate in program measurement by completing and submitting, on a timely basis, surveys, questionnaires, testimonials, follow up phone calls after receiving services and other measurement tools as provided to me by FISH.

Signature

Date