



EMERGENCY FINANCIAL ASSISTANCE APPLICATION

Applicant First & Last Name:			Cell phone:		
Full Address:		Email:		DOB:	
How long at this address?:		Own or Rent	Mortgage/Rent Amt. / Month		
Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Roommate Yes <input type="checkbox"/> or No <input type="checkbox"/>		Gender*

***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
Veteran Yes <input type="checkbox"/> or No <input type="checkbox"/>		Honorable Discharge Yes <input type="checkbox"/> or No <input type="checkbox"/>		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.		
4.		
5.		

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.			
8.			
9.			
10.			



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 F.I.S.H offered programs and/or workshops have you attended in the last year?

Assistance Requested _____



FISH of SanCap

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



Photo, Video & Testimonial Consent

I give permission to FISH of SanCap to use photos, videos, and/or my (or my child's) testimonial or outcome story for nonprofit purposes, including but not limited to:

- Digital and social media
- Website and email communications
- Brochures and printed materials
- Press releases and media coverage
- Impact and annual reports
- Funder and donor reports
- Other or as FISH sees fit

I understand that my (or my child's) name may be used unless I check the box below:

Please keep the name anonymous

I release FISH of SanCap from any and all claims related to the use of these materials. This consent remains in effect unless I notify FISH of SanCap in writing that I wish to withdraw it.

I am the parent or legal guardian of the minor named below and give permission on their behalf.

Name of Minor (if applicable): _____

Parent/Guardian Name (printed): _____ Parent/Guardian Signature: _____

Client/Participant Signature (if 18+): _____ Date: _____

Text Message (SMS) Consent

I agree to receive text messages from FISH of SanCap at the mobile number provided. Messages may be sent using an automated or bulk messaging system and may include information about programs, services, appointments, events, reminders, and important updates.

I understand that:

- Message and data rates may apply
- Message frequency may vary
- Consent is not a condition of receiving services
- I may opt out at any time by replying **STOP**
- I may request help by replying **HELP**

Cell Phone Number: _____ Signature: _____ Date: _____

Additional Comments _____



FISH of SanCap Representative:

Applicant:

Print Name

Print Name

Signature

Signature

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.



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FISH of SanCap Emergency 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 F.I.S.H

Signature Date

Clients are expected to follow through on recommended classes, workshops, or referrals as part of their support plan to remain eligible for future assistance.

Please note that these requirements are evaluated on an annual basis and do not carry over from one year to the next.