

FAMILY PROMISE LAUNCH FUND-APPLICATION FOR ASSISTANCE

Date: _____ Amount Requested: _____

Purpose for Loan: _____ Referred from: _____

_____ Targeted disbursement: _____

Section A: Borrower Information

Name (First, Middle, Last) _____

Home Number _____ Mobile Number _____

Social Security number _____ Date of Birth _____

Permanent Street Address _____ City _____

State _____ Zip _____ How long at this address? _____

Household size (# of adults) _____ (number of dependents) _____

Spouse Name _____ Spouse Annual Income \$ _____

Section B: Income and Employment

Company Name _____ Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Contact Name _____

Position _____ How long at this company _____ Annual salary \$ _____

Other income amount \$ _____ Source _____

Section C: Reference information

Name of referring agency or program _____

Dates of participation (begin) _____ (end) _____

Contact Person _____ Phone number _____

Section D: Payee information

Name of Program/Agency _____

Address _____ Phone _____

Contact Person _____ Email _____

Begin Date _____ Completion Date _____