

Recipient Application

Date: _____

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

SS#: _____

Gender: Male Female

Birth date: MM/DD/YR _____

Number of children: _____

U.S. Citizen or Permanent Resident: YES NO

All information will remain confidential with Human Connexus Foundation.

**1. Please check the Support Category that applies to your situation
(more than one category may apply)**

- Medical Expenses:** provide financial support to support medical costs associated with an unexpected illness
- Education:** assist with educational expenses while an individual pursues their educational goals
- Basic Living:** support for basic living costs for those who are trying to improve their lives by taking on challenges
- Natural Disaster:** provide financial support for those impacted by natural disaster resulting in financial hardship
- Military Service:** provide financial support to individual families who commitment to the military resulting in financial hardship



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For the questions below, please attach a separate document with the explanation for each question along with any supporting documents.

- 2. Provide a brief description of your background and your current living situation.**
- 3. Explain the reason for applying for financial support.**
- 4. Describe your short & long goals you want to achieve that this funding would help support.**

Short term - what is possible in the next 6-12 months?

Long term - what is possible in the next 1-3 years?

- 5. Complete the attached worksheets that outline your income, assets and expenses. Indicate those expenses you want HCF to cover by placing a check mark in the right hand column. The following support documents need to be included with the application:**

- Tax returns or W2s for the past two (2) consecutive years
- Bank account information (savings & checking balances)
- List of assets (house, car, trusts, etc.)
- Copies of expense statements
- Other income or expense related documents

By submitting this application, you agree to allow Human Connexus Foundation to publish your story for fundraising purposes. You may be asked to provide additional details, pictures or a video to help with fundraising efforts. Human Connexus Foundation will keep all asset and expense information confidential, unless the applicant provides permission.

Applicant's Signature _____ Date: _____

I agree that all information contained in this document and any supplemental material is accurate. Failure to provide accurate information will automatically forfeit funding.



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DATE: _____

NAME: _____

INCOME	SOURCE	MONTHLY AMOUNT	ANNUALIZED
Salary			
Child support			
Alimony			
Grants			
Disability			
Workman's Compensation			
State Assistance			
Federal Assistance			
Food Stamps			
Relatives/Friends			
Other			

ASSETS	BALANCE /VALUE	COMMENTS
Checking Account #1		
Checking Account #2		
Savings Account #1		
Savings Account #2		
Car		
Home		
IRA		
401K		
Trust		
Other		



Connecting people with needs with people with means

DATE: _____

NAME: _____

EXPENSE	VENDOR	MONTHLY AMOUNT	BALANCE REMAINING	HCN FUNDED (CHECK MARK)
LIVING EXPENSES				
Rent/Mortgage				
Electricity				
Water				
Telephone				
Cell Phone				
Internet				
Cable/Satellite				
Car Payment				
Renter Insurance				
Homeowner Insurance				
Car Insurance				
Other				
INCIDENTAL EXPENSES				
Food				
Gasoline				
Baby supplies				
School supplies				
Gym memberships				
Post Office Box				
DMV Registration				
Other				
DEBT				
Credit card 1				
Credit card 2				
Credit card 3				
Credit card 4				
School loans				
Medical bills				
Other				