

Application for Assistance--

## Flint Hills Rebuilders

Flint Hill Rebuilders, a Christmas in Action Organization, Inc.

1479 S. 975 Rd.

Council Grove, KS 66846

If help is needed to complete this application, please ask us: 620-767-6188 or 620-767-5334

Date of Application: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_



**Name of Applicant** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address of the home you own and live in: Street \_\_\_\_\_ City: \_\_\_\_\_

Kansas, Zip \_\_\_\_\_ Homeowners Ins. Co \_\_\_\_\_ Policy # \_\_\_\_\_

A copy of your ID and picture; a copy of the front page your Federal Income Tax Return or other proof of income for the last two years will need to be ATTACHED to this application. You should delete your social security number. Please list below the names of all individuals living in **your owned home**.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Income and Expense :

Name of current employer (If employed) \_\_\_\_\_

Please list the income amounts for all income sources:

Employment \$ \_\_\_\_\_ Retirement \$ \_\_\_\_\_ Gifts and Grants \$ \_\_\_\_\_

Total Annual Income \$ \_\_\_\_\_

Please list reserve monetary resources and amounts such as C.D.'s, Tax Favored Retirement funds, Stocks and Bonds, etc.

C.D.s \$ \_\_\_\_\_, Credit Unions \$ \_\_\_\_\_ Retirement \$ \_\_\_\_\_ Stocks \$ \_\_\_\_\_

**Please list the Monthly Expenses:** Heat \$ \_\_\_\_\_, Water \$ \_\_\_\_\_, Electricity \$ \_\_\_\_\_, Food \$ \_\_\_\_\_,

Car Expense, \_\_\_\_\_, Medicine \$ \_\_\_\_\_, Phone and T.V. \$ \_\_\_\_\_, all other expenses \$ \_\_\_\_\_,

Total Monthly Expenses \$ \_\_\_\_\_.

**Please state in your own words what kind of assistance you are requesting from Flint Hills Rebuilders:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please read the following before signing.

Flint Hill Rebuilders will keep this information confidential, as is reasonable, and still provide assistance. I understand that any assistance provided will not be on a continuing basis. Flint Hills Rebuilders will be responsible only for the obligations that we create. I certify that all information I have provided is true to the best of my knowledge. I authorize verification of any information listed in the application.

I also understand that the completion of this application does not commit Flint Hills Rebuilders to provide assistance. Assistance is provided based on **your need and our available resources**.

Applicant Signature \_\_\_\_\_

Please list **2 or 3 non-family references** and their **addresses** and **phone numbers**:

_____	_____	_____
_____	_____	_____
_____	_____	_____