



Los Ojos de la Familia

7916 Ranchitos Loop NW
Albuquerque, NM 87113
505-362-6073

www.losojosdelafamilia.org

Assistance Application – Over \$300

APPLICANT GENERAL INFORMATION *(please print or type)*

Name: _____

Home Address: _____

Phone Home/Cell : _____ Email: _____

Total number of dependents: _____

If there are children living in the home, please list:

Are you a legal U.S. Resident? Yes No

Type of Assistance Needed: Education Other _____

How did you hear about Los Ojos de la Familia? _____

Have you previously received funds from Los Ojos de la Familia? Yes No If yes, when? _____

Please provide detailed description of assistance needed, reason for need, how much is needed, and when it is needed:

Please describe the extenuating circumstances that are creating your need for assistance, and how the assistance will help you move past your current situation:

Are you receiving assistance from ANY other private or government organization (i.e. charity, economic security, etc.)? Yes No If so,

from who? _____ how much? _____ how long? _____

from who? _____ how much? _____ how long? _____

from who? _____ how much? _____ how long? _____

EMPLOYMENT/FINANCIAL STATUS

Father: _____
Employer

Address

Telephone

How long employed at current job?

Military Grade/Rank

Civilian Job Title

Mother: _____
Employer

Address

Telephone

How long employed at current job?

Military Grade/Rank

Civilian Job Title

Monthly Income: _____

List sources of income other than employment:

Total Monthly Expenses: _____

Debts please specify type and amount – mortgage, car loan, credit cards, medical etc.

Total Available Financial Assets (checking, savings, stocks, bonds, etc.) _____

If you do not currently have any income please explain how you have been meeting your needs:

CERTIFICATION and AUTHORIZATION

I certify that, to the best of my knowledge, the information contained in this application is true and correct. I authorize Los Ojos de la Familia to obtain any relevant information from appropriate sources to assist them in making a determination on this application.

I understand that funding of my application, in full or in part, is wholly discretionary on the part of Los Ojos de la Familia board members and the rationale for approval or denial will not be disclosed.

Parent or Guardian’s signature _____ Date: _____