Los Ojos de la Familia

7916 Ranchitos Loop NW
Albuquerque, NM 87113
505-362-6073
www.losojosdelafamilia.org

Assistance Application – Under $300

APPLICANT GENERAL INFORMATION (*please print or type)*

Name:_____

Home Address:_____

Phone Home/Cell : _____ Email:_____

Total number/age of dependents:_____

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:

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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:_____