

4PeteSake Application for Assistance

Part I: Applicant Information

Date: _____

Name: _____

Street Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different from above): _____

City _____ State _____ Zip Code _____

Does applicant live in the River Valley School District? Yes No

E-mail Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

What is the best phone number at which to reach applicant? Home Work Cell

Applicant Age _____

Please list all members of applicant's household:

Name	Relationship to applicant	Age
------	---------------------------	-----

-------	--	--

—		
---	--	--

-------	--	--

—		
---	--	--

-------	--	--

—		
---	--	--

-------	--	--

—		
---	--	--

Part II: Nominator Information

If you are completing this application FOR the applicant, please complete the following:

Name: _____

Relationship to applicant: _____

E-mail address: _____

Phone Number: _____

Does the applicant know that you are nominating him/her as an applicant? Yes No

Please note: It is highly recommended, though not required, that you involve the applicant in the application process. Applicants will be required to sign the attached agreement before assistance can be given.

Part III: Description of Applicant's Situation

A. *On a separate sheet*, please describe the circumstances leading to the present situation of need. Attach any additional documentation or information that may be helpful in explaining the situation and the necessity.

B. Request Amount

Our goal is to offer financial assistance to allow the recipient some peace of mind during their time of need. Recipients' financial needs are often much larger than 4PeteSake has the ability to fund. In general, we are not able to fund large medical bills or pay off large amounts of debt. Usually recipients received funds to pay routine bills, offset household expenses, or to purchase items that aren't otherwise affordable (i.e. prosthetic leg, reliable transportation).

With that in mind, please tell us an amount of money that would offer you peace of mind for the next 6-12 months: \$ _____

How would this assistance help you? How would you use it?

Part IV: Financial Disclosure Information

The following information will help us in prioritizing available funding. Please do not be daunted by the questions, just complete them to the best of your ability. The information you provide will remain confidential. If you have questions about these questions, or need assistance in answering them,, please contact our treasurer, Todd Miller, at 608-588-4619.

A. INCOME

Please provide your annual household income, including any amounts that exceed \$1,000 annually.

Wages, Tips & Bonuses: \$ _____
Unemployment Compensation \$ _____
Workers Compensation \$ _____
Social Security \$ _____
Child Support \$ _____
Disability (SSDI or Private Insurance): \$ _____
Other (Please explain):
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Please indicate whether or not any of the income listed will be reduced by the current condition of household members.

B. ASSETS

Please indicate the approximate balances of the following:

Checking Accounts \$ _____
Savings Accounts \$ _____
Certificates of Deposit (CD's) \$ _____
Cash Value Life Insurance Policies \$ _____
Retirement Accounts \$ _____

If you own your own home, please indicate the following:

Current Mortgage Balance: \$ _____
Current Fair Market Value: \$ _____

Please explain any assets not covered by the above questions:

C. EXPENSES

Please provide the approximate amounts of the following household expenses:

- Monthly Mortgage OR Rent (Circle One) \$ _____
- Annual Property Taxes (If not included in mortgage payment) \$ _____
- Monthly Home OR Renters Insurance (Circle One) \$ _____
- Monthly Utilities (Gas/Propane, Electric, Water & Sewer) \$ _____
- Monthly Phone/Internet/Cable/Satellite \$ _____
- Monthly Vehicle Payments \$ _____
- Monthly Vehicle Insurance \$ _____
- Monthly Vehicle Fuel Expenses \$ _____
- Monthly Food Expenses \$ _____
- Monthly Health Insurance Premiums \$ _____
- Monthly Medical Supplies (Medicine, etc.) \$ _____
- Monthly Child Support Payments \$ _____
- Credit Card Minimum Monthly Payments \$ _____
- Current Credit Card Balances \$ _____
- Current Medical Debt \$ _____
- Monthly Student Loan Payments \$ _____

Please list any other debts such as loans, unpaid fines, or other liabilities not described above. Also include a description of any regular monthly bills that you are not able to pay fully at this time:

D. HEALTH INSURANCE

Please provide a general description of your current health insurance (deductibles, co-pays, etc.)

The information provided herein is complete and accurate to the best of my ability. I understand that the failure to disclose financial information may affect the availability of funding from 4PeteSake.

Applicant Signature

Date

Part V: Agreement

I understand that the information in this application will be used by 4Petesake for the purpose of determining eligibility for assistance. I understand that 4Petesake makes the final determination of eligibility and the amount of award for payment or reimbursement. Since the amount in the Fund varies from year to year, I understand that I should not assume or make financial decisions based on the expectation that the Fund will pay.

I give permission to 4Petesake members and associated volunteers to contact any state agency, employer, medical provider, insurer, or any other contact to verify information and/or collect further information relevant to this application for the purpose of determining eligibility. I also understand that the information I have provided to 4Petesake may be shared with state human service agencies for such purposes as coordinating services, seeing if the applicant is eligible for other programs, and finding ways to pay for medical and other expenses.

I understand that I authorize 4Petesake, Inc. to use my name and photo for promotional purposes if I am chosen to receive assistance.

I HEREBY SWEAR THAT THE INFORMATION I HAVE PROVIDED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature

Print Full Name

Date

Nominator Signature (If applicable)

Print Full Name

Date

**PLEASE SUBMIT COMPLETED APPLICATION IN A SEALED ENVELOPE TO:
4PeteSake
PO BOX 577
Spring Green, WI 53588**

Questions about this application? Please call Todd Miller at 588-4619.

