



we do. so they can.

HRF GRANT

Funding Application for Individuals (pg.1)

Date _____

Name (first, last) _____

Date of birth _____

Phone number _____

Current address _____

County _____

How long have you lived at this location? _____

Email address _____

Number of people in your household (related & unrelated) _____

Are you employed? _____

Current employer _____

Employer phone number _____

Gross income (Circle One: Weekly, Monthly, Yearly) _____

Other income sources monthly (Include All)

Do you have a checking account? _____ Balance: _____

Do you have a savings account? _____ Balance: _____

Assets- Cash in Bank Amount | Stock/ Bonds | Retirement



HRF GRANT Funding Application for Individuals (pg.2)

Monthly expenses (include installment loans, credit cards, rent, mortgages etc.):

What other funding sources have you applied to for this project or items?

Request (amount requested, item or services requested):

Please explain your present situation and your reason for this request:

IN ADDITION:

Provide medical documentation for any adaptive equipment requirements.
Provide documentation that the project is ineligible for Medical Assistance, Waiver and/or Base Funding, if applicable.

Your Signature
