I. Applicant Information

II. Reason for Request

Application Form Edward J. Boland Financial Assistance Fund

Date of Request _		Amount of Request \$					
Name of Applicant	<u> </u>	Social Security #					
Place of employme	ent	Local Association					
Status	☐ Married	☐ Single	□ Divorced	☐ Separated			
Spouse's name							
Dependents:	Names	;		Ages			
Local Contact Pers	son		Phon	e			
Has the governance	ce body of your loc	al association a	pproved this reque	st? Yes □	No □		
Explain the involve	ement of the local a	association					
Will the local be sp	oonsoring a fund-ra	aiser for this app	licant or for the Bo	land Fund? Yes □	No □		
If yes, Explain:							
				name and office			
Signature of Local	Officer						
Description of Prob	blem (should include es * please use additi	stimate of financial loss onal pages(s) as need	s or burden): led.				
	·						
		<i></i>					
Have you received	any outside bene	tits from local or	other sources for	this problem?			
How has this probl	lem affected vour	emplovment stat	us?				

INCOME*		20	0		20
Member employment (current &		Gross \$	Net \$	Gross \$	
Spousal Employment	;	\$	\$	\$	\$
Other Income	;	\$	\$	\$	\$
Total Income	;	\$	\$	\$	\$
ASSETS Real Estate Home Address					
Value(estimate)				=Equity \$_	
Other Address					
Value(estimate)	(less) Mortgage	e Balance	ə:	=Equity \$_	
Year model Year model Year model Year model OTHER PERSONAL PROPE	value \$ value \$ RTY (Describe)	lo lo	an balance\$ an balance\$	=Ec	quity \$
LIFE INSURANCE Name of Carrier	. FUNDS_(List Cor	mpany, Num	nber of Shares)	Face Value	Cash surrender value
Name of Carrier				Face Value	Cash surrender value
LIST ALL OTHER ASSETS					
			ТОТА	L ASSETS	

^{*} Please provide a copy of the first two pages of your most recent IRS tax return.

Insurar	
3	
$\overline{\alpha}$	
22	
_	
\neg	
യ	
_	
$\overline{}$	
\prec	
(D	
\mathbb{C}	
Co	
Cove	
Cove	
Cover	
Covera	
Coverag	
Coverage	
Coverage	
Coverage	

LIABILITIES

GENERAL DEBT				
Description	To whom owed	Baland \$	e Due	Monthly Payment \$
		\$		\$ \$
		\$		\$
	\$			\$
TOTAL BALAN	CE DUE ON LIABILITIE			
	TOTA	L MONTH	LY PAYMENT	\$
BASIC MONTHLY EXPENSES	<u> </u>			
Rent or mortgage (include property)	operty taxes and insurance)			\$
2. Utilities (include heat)				
 Food Medical and Dental 				\$ \$
5. Child support				\$
6. Insurance Premiums (inclu	de Auto)			\$
7. Car Payments				\$
8. Other				\$
9. Other 10. Other				\$
TO. Other				Ψ
TOTAL MONTHLY EX	PENSES			\$
FOR PROPERTY RELATED II				
Homeowners/Renters Insurance	CE (Provide copy of declaration	ns page)	Face Value Deductible	\$ \$
Name of Carrier			Deddelible	Ψ
Explain why any damage wa	as not covered by insu	rance.		
FOR MEDICAL RELATED INC Major Medical provided by Id				
major modical provided by it	Carrier		Plan r	name
Other coverage available				
	Carrier		descr	intion