~ Application For Assistance ~

Applicants Name _____

It is the mission of Extended Family to assist single parent families and orphans.

In an effort to remain consistent and compliant, the following guidelines have been created and put into place;
1. Extended Family maintains the right to stop or deny distribution of funds at any time.
2. Funds will be disbursed at the discretion of the Extended Family Board of Directors and will also be dependent on availability of funds.
3. Disbursement of funds may go directly to recipient and/or may be made on their behalf to pay a provider of services directly (e.g. directly to a school).
4. Proof of income may be requested to verify the need of funds from Extended Family.
5. Verification of eligibility. Prior to disbursement of funds, recipient must sign a form under penalty of perjury stating that he/she is a single parent/guardian with little or no help from the child's other parent, or a child of a single parent/guardian or child with no parents. A minimum of 3 references must be provided to verify this information.

Application to receive funds from Extended Family:

Address _____

Email _____ Phone number _____

Employer _____

Employer Contact/Phone _____

Job Title/Description _____

How Did You Hear About Extended Family _____

Signature of applicant _____ Date _____

This application will only be reviewed when submitted with all necessary documentation.

Description of need/request (be specific) _____

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_____ (continue on back if needed)

~ Eligibility Verification Form ~

Reference 1

Name: _____ Phone: _____

Address: _____ City: _____ State: ___ Zip: _____

Email: _____ Fax: _____

Relationship (friend, employer/co-worker, relative): _____

Reference 2

Name: _____ Phone: _____

Address: _____ City: _____ State: ___ Zip: _____

Email: _____ Fax: _____

Relationship (friend, employer/co-worker, relative): _____

Reference 3

Name: _____ Phone: _____

Address: _____ City: _____ State: ___ Zip: _____

Email: _____ Fax: _____

Relationship (friend, employer/co-worker, relative): _____

Additional Reference

Name: _____ Phone: _____

Address: _____ City: _____ State: ___ Zip: _____

Email: _____ Fax: _____

Relationship (friend, employer/co-worker, relative): _____

~ Affidavit ~

I certify under penalty of perjury that I am a U.S. citizen and that I am a single parent/guardian who receives little or no assistance from my child's other parent, or that I am a child of a single parent/guardian or a child with no parents.

I further certify that I am a resident of the San Fernando Valley or surrounding area.

I authorize Extended Family to contact the references provided above to verify this information and further authorize Extended Family to perform any other reasonable due diligence to ensure the need and deservedness of assistance.

I, the undersigned, consent to the use of my, and/or my child's, portrait, picture or likeness in any motion picture, television broadcast, website, advertisement or print publication and in such places as Extended Family shall determine. Furthermore, I authorize the details of my and/or my child's story to be used, in whole or in part, in any way Extended Family deems appropriate. The undersigned further grants the above-mentioned rights in perpetuity and without compensation.

I understand that this application form is a legal document and certify that the information provided is true and to the best of my knowledge. I acknowledge that such information is subject to verification and that falsification of the form may result in my, and/or my child, becoming ineligible to receive benefits from Extended Family.

Authorized By: _____

Recipient's Name Date

If Recipient is Under 18:

Authorized By: _____

Parent or Legal Guardian of Child Under 18 Date