



# Confidential Application

Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_ Client No. \_\_\_\_\_

Alias (s): \_\_\_\_\_ Referred by: \_\_\_\_\_

Assistance requested: \_\_\_ Financial Aid ( \_\_\_ one time only \_\_\_ monthly)

\_\_\_ Clothing \_\_\_ Food \_\_\_ Housing

\_\_\_ Interpretation \_\_\_ Legal Counsel \_\_\_ Medical

\_\_\_ Education \_\_\_ Spiritual \_\_\_ Employment/job training

Reason for these selections: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Personal Data:**

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_

Can we call you at this number? \_\_\_\_\_ If no, message no/contact: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SS No./ ID #: \_\_\_\_\_ State/Country: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ D/L No: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status:     single    married    divorced    widowed    legally separated

Name & Address of Spouse: \_\_\_\_\_

\_\_\_\_\_

Fill out the following information for your child(ren):

Name	DOB	SSN	School Attending	Grade

Emergency Contact Information (other than spouse):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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Education and Occupation:

Education Level: \_\_\_\_\_ List Degree, GED or Certificates: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you worked for this employer? \_\_\_\_\_ Pay Rate: \_\_\_\_\_

What are your priorities when you handle money? \_\_\_\_\_

Are you currently having any financial difficulties? \_\_\_\_\_ If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you, or will you, support anyone else financially? \_\_\_\_\_ If Yes, explain: \_\_\_\_\_

What are your career/employment plans for the future? \_\_\_\_\_

What is your means of transportation: \_\_\_\_\_

If car, list Make: \_\_\_\_\_ Model/Yr. : \_\_\_\_\_ Color: \_\_\_\_\_

Tag No. \_\_\_\_\_ Is the title in your name? \_\_\_\_\_

Insurance Name and Policy No.: \_\_\_\_\_

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**Religious Preference:**

Do you have a religious preference? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Do you attend religious services regularly? \_\_\_\_\_ Where? \_\_\_\_\_

Do you feel you can be accepting of others' religious preferences? \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SAF Staff Signature

\_\_\_\_\_  
Date

Approval Note: \_\_\_\_\_

\_\_\_\_\_