

**APPLICATION COVER SHEET TO BE COMPLETED BY GRAND KNIGHT AND DISTRICT DEPUTY  
MUST BE SUBMITTED WITH APPLICATION!**

**GRAND KNIGHT'S COMMENTS:**

Would you recommend approval of this request? Yes or No  
Why?

Did you discuss the application with the applicant?

Please resolve any questions or concerns you may have relative to any information contained in the application.

Can you explain the above information to the District Deputy and answer all his questions?

**LIST ANY PERSONAL COMMENTS WHICH MAY HELP THE BOARD ARRIVE AT A DECISION.  
ENSURE THAT THE APPLICANT'S MOST RECENT INCOME TAX RETURN IS ATTACHED.**

**DISTRICT DEPUTY'S COMMENTS:**

Would you recommend approval of this request? Yes or No  
Why?

Did the Grand Knight answer all your concerns relative to this application?

Please resolve any questions or concerns you may have relative to any information contained in this application with the Grand Knight before submitting it to the Charity Fund Board.

**LIST ANY PERSONAL COMMENTS WHICH MAY HELP THE BOARD ARRIVE AT A DECISION.**

**\*\*CONFIDENTIAL\*\***

APPLICATION FOR FINANCIAL ASSISTANCE  
MARYLAND STATE KNIGHTS OF COLUMBUS CHARITY FUND, INC.  
APPLICATION MUST BE TYPED OR PRINTED CLEARLY.

**\*\*CONFIDENTIAL\*\***

Council Name & Number		Request Date
Applicant's Name and Address	Age	Telephone

**REASON FOR FILING APPLICATION -- BE SPECIFIC AS TO ASSISTANCE REQUIRED. ALSO, FINANCIAL STATEMENT ON REVERSE SIDE MUST BE ACCURATELY AND COMPLETELY FILLED OUT IN EVERY DETAIL. FAILURE TO DO SO MAY DELAY ACTION ON APPLICATION. ADD A SECOND PAGE FOR ADDITIONAL DETAILS AND/OR REMARKS.**

**A COPY OF THE APPLICANT'S MOST RECENT INCOME TAX RETURN MUST BE ATTACHED.**

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FAMILY -- List all dependents and/or persons residing with you.

NAME (Include Spouse)	AGE	RELATIONSHIP	WORK	REMARKS

PERSON TO CONTACT (Please Print)	TELEPHONE
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I HAVE REVIEWED THIS APPLICATION AND THE FINANCIAL INFORMATION, FINDING IT IN ORDER AND COMPLETE. THE COUNCIL HAS HELPED AS FOLLOWS:

GRAND KNIGHT	Date	DISTRICT DEPUTY	Date
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JULY, 1998

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**FINANCIAL STATEMENT - MUST BE ACCURATELY AND COMPLETELY FILLED OUT IN EVERY DETAIL.**

**ASSETS: (Total Actual Value)**

HOUSE(S) (Market Value)	_____	STOCKS/BONDS	_____
HOUSE(S) (Mortgage Remaining)	_____	LIFE INSURANCE (CASH VALUE)	_____
AUTO(S) (No. _____)	_____	IRA/RETIREMENT FUND(S)	_____
CHECKING ACCOUNT(S)	_____	OTHER(S) (Specify)	_____
SAVINGS ACCOUNT(S)	_____	OTHER(S) (Specify)	_____

**MONTHLY WORKSHEET NOTE : IF NECESSARY DIVIDE YEARS TOTAL BY 12**

1. LIST INCOME			3. LIST EXPENSES		
MONTHLY TOTALS		INCOME	MONTHLY TOTALS	EXPENSES	
GROSS	NET				
\$	/	HUSBAND	\$		RENT/MORTGAGE
					REAL ESTATE TAXES
/		WIFE			HOMEOWNERS INSURANCE
					HOMEOWNERS ASSOCIATION/
/		PART TIME JOB/S			CONDOMINIUM FEES
					FOOD & GROCERIES
/		SUPPORT/ALIMONY			(Restaurant, Work & School)
					AUTOMOBILE PAYMENT(S)
/		PENSIONS/SOCIAL SECURITY			AUTOMOBILE INSURANCE
					GAS (and or) ELECTRIC
/		CHILDREN (Living In Household)			TELEPHONE
					HEAT (Gas, propane, oil or wood)
/		OTHER INCOME			OTHER UTILITIES (Cable TV,
					Water & Garbage )
\$	/	TOTAL INCOME			HEALTH INSURANCE
					MEDICAL (Doctors & Dentists)
					OTHER MEDICAL (Prescriptions,
					Glasses, Braces, Vet Fees)
					TRANSPORTATION (Gas, Parking,
					Repairs, Bus Fares, Tolls, Car Pool)
					CLOTHING
					DAY CARE/BABY SITTER
					TUITION (School/College)
					CHILD SUPPORT/ALIMONY
					ENTERTAINMENT (Movies, Sport
					Events, Vacations, etc.)
					PERSONAL CARE (Haircuts, Beauty
					Salon, and Cosmetics)
					DRY CLEANING/LAUNDROMAT
					GIFT (Birthday/Christmas, etc.)
					NEWSPAPERS/MAGAZINES
					DONATIONS (Church, etc.)
					MISCELLANEOUS EXPENSES
\$		SUB TOTAL	\$		SUB TOTAL

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND FINANCIAL STATEMENT ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.  
**I HAVE ATTACHED A COPY OF MY MOST RECENT INCOME TAX RETURN.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I have noted my most urgent current needs below. I will be prepared to furnish actual invoice(s), statement(s), etc., if requested by the BOARD of DIRECTORS.