

**Application for Financial Assistance  
Maryland State Knights of Columbus Charity Fund, Inc.**

Application must be typed or printed clearly.

Council name and number		Request date
Applicant's name and address	Age	Telephone
Person to contact, if different: Name Telephone		

State the reason for filing the application, and the specific assistance requested. Also, the financial statement on page 2 must be accurately completed in every detail. Failure to do so may delay action on the application. If necessary, add another page for additional details or remarks. Copies of the applicant's most recent income tax return and W-2 form(s) must also be attached.

Has this applicant or his family ever submitted an application to the Charity Fund before? If so, when?

Family. List all dependents or persons living with the applicant.

Name (include spouse)	Age	Relationship	Work?	Remarks

The Grand Knight should complete this section. The council has helped the applicant as follows:

The Grand Knight and District Deputy should review the entire application, complete page 3, and sign and date here. I have reviewed this application and the financial information, and find it in order and complete.

Grand Knight	Date	District Deputy	Date
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**Financial Statement. Must be accurately completed in every detail.**

<b>Assets</b>	<b>Total Actual Value</b>	<b>Assets</b>	<b>Total Actual Value</b>
House(s) (market value)		Stocks and bonds	
House(s) (mortgage remaining)		Life insurance (cash value)	
Auto(s) ( No. _____ )		IRA and retirement fund(s)	
Checking account(s)		Other(s) (specify)	
Savings account(s)		Other(s) (specify)	

<b>Monthly Income</b> (Monthly Gross Before Taxes)		<b>Monthly Expenses</b>	
Income from	Monthly Gross	Expense	Monthly Total
Husband		Rent or mortgage	
Wife		Real estate taxes	
Part-time job(s)		Homeowner's insurance	
Child support or alimony		Homeowners assoc. or condo fee	
Pension or Social Security		Food, groceries, meals	
Children living in household		Auto payment(s)	
Other income		Auto insurance	
<b>Total Monthly Income</b>		Gasoline for auto(s); bus, parking	

<b>Creditors</b>		
Name	Monthly Payment	Balance Owed
<b>Total</b>		

  

Heat and electricity	
Telephone(s)	
Other utilities (water, cable TV, etc.)	
Health insurance	
Medical (doctors, dentist)	
Clothing	
Day care or baby sitter	
Tuition	
Child support or alimony	
Personal, entertainment, gifts	
Other (specify)	
<b>Total Monthly Expenses</b>	

I hereby certify that all information contained in this application is accurate and complete to the best of my knowledge and belief. I have attached a copy of my most recent income tax return and W-2 form(s). I have noted my most urgent current needs below. I will be prepared to furnish actual invoice(s), statements(s), etc., if requested.

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

This page must be completed by the Grand Knight and the District Deputy, and submitted with the application.

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Grand Knight: Please resolve with the applicant any questions or concerns you may have related to any information contained in the application. Make sure that the applicant's most recent income tax return and W-2 form(s) are attached.

1. Did you discuss the application and request with the applicant?
  
2. Do you recommend approval of this request? Why?
  
  
3. Provide any personal comments that may help the board arrive at a decision.

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District Deputy: Please resolve with the Grand Knight any questions or concerns you may have related to any information contained in the application.

1. Did the Grand Knight answer all your concerns about this application?
  
2. Do you recommend approval of this request? Why?
  
  
3. Provide any personal comments that may help the board arrive at a decision.
  
  
4. Submit copies of this application with the required tax form and W-2 form(s) to the Director and the Co-Director of the Charity Fund, electronically (scanned) or through the mail. Their contact information can be found in the State Directory.