

The Spare Change Foundation
CHANGING THE LIVES OF PEOPLE IN CRISIS

Application for Assistance

Name _____ Date ____ - ____ - ____

Address _____

Phone number(s) where you can be reached _____

Date of Birth ____ - ____ - ____ Social Security Number ____ - ____ - ____

Name of your social worker: _____ Phone number ____ - ____

Your gross (before taxes) monthly income from all combined sources
is: \$ _____

Below list names of all persons living with you, their ages, and gross monthly incomes:

Person 1: _____ age _____ monthly income \$ _____
Person 2: _____ age _____ monthly income \$ _____
Person 3: _____ age _____ monthly income \$ _____
Person 4: _____ age _____ monthly income \$ _____
Person 5: _____ age _____ monthly income \$ _____
Person 6: _____ age _____ monthly income \$ _____
Person 7: _____ age _____ monthly income \$ _____
Person 8: _____ age _____ monthly income \$ _____
Person 9: _____ age _____ monthly income \$ _____

Describe your current crisis or problem that you would like the Spare Change Foundation
to help you with:

SIGNATURE _____

MAIL FORM TO: The Spare Change Foundation - P.O Box 1006 -Fenton, MO. 63026