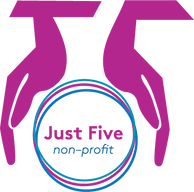
**Just 5 Non-Profit 501(C)(3)** 

**Recipient Application**

Just 5 non-profit will preserve all our applicants’ confidentiality. In return, we ask from all our applicants to fill out this application to the best of their ability. All fields marked with an asterisk (\*) are required in order for your application to be considered complete.  
Once you complete the application please email it [hellony@j5club.org.](mailto:hellony@j5club.org?subject=Just5%20NY%20Recipient%20Application)

**\*About You**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Marital Status: Single/Married/Divorced/ Widowed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household Size:

. List household members (Names) Respective age

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |

**Financial**

1. Has something happened recently resulting in your financial situation? **\***

2. Please explain your current living situation: (House? Apartment for rent? If so, how much? Currently staying with friends?....etc?) **\***

3. Please itemize monthly expenses: (utilities, rent, groceries, cable, cellphone, etc.) **\***

4. How are you getting by on a monthly basis? **\***

5. Are you currently or have you ever received any state or federal help? **\***

a) If so, how much?

6. Please list any other source of support from family members or the community. **\***

7. How much are you requesting from Just 5? **\***

8. Are you in debt? If so, how much?  **\***

9. How much longer do you anticipate being in this current situation? **\***

10. What do you plan on doing with J5 funds? **\***

11. Monthly income of household: **\***

12. Annual income: **\***

13. Optional: Attach tax return documentation (we highly recommend including this, and doing so will only improve your case)

14. If applicable/appropriate, please attach medical documentation (as with tax returns, this will only improve your case)

**Personal Description**

1. How do you spend your day?

2. What priorities, standards, or values are important to you in a home life?

3. How did you hear about Just 5?\*

4. Anything else you’d like to share?

**\*Reference(s) contact :**

Name: Relationship: Telephone:

You have reached the end, Please email this document to [hellony@j5club.org.](mailto:hellony@j5club.org?subject=Just5%20NY%20Recipient%20Application)