



BUILDERS ASSOCIATION CHARITY
 5484 Reno Corporate Dr., Ste 200, Reno, NV 89511
 Phone (775) 329-2424 ♦ Fax (775) 284-0865

APPLICATION FORM FOR EMERGENCY ASSISTANCE

Patient Information

FIRST	INITIAL	LAST	SOCIAL SECURITY	DATE OF BIRTH	PLACE OF BIRTH
HOME ADDRESS			CITY/STATE/ZIP	HOW LONG?	HOME PHONE ()

Family Information

DO YOU () OWN () RENT	MONTHLY MTG/RENTAL PAYMENT \$ _____	MORTGAGEE OR LANDLORD NAME: _____	MORTGAGE ACCOUNT NO. _____ Phone # _____
-------------------------------	--	--------------------------------------	---

EMPLOYMENT – Head of Household: Name _____ S/S# _____

EMPLOYER NAME	ADDRESS	CITY/STATE/ZIP	HOW LONG?
TYPE OF BUSINESS	BUSINESS PHONE ()	POSITION/OCCUPATION	
SALARY \$ _____	PER () MONTH () YEAR	SUPERVISOR NAME: _____	
OTHER INCOME SOURCE:	AMOUNT: \$ _____		

SPOUSE/SIGNIFICANT OTHER (Living in same residence)

FIRST	INITIAL	LAST	SOCIAL SECURITY	DATE OF BIRTH	PLACE OF BIRTH
-------	---------	------	-----------------	---------------	----------------

EMPLOYMENT

EMPLOYER NAME	ADDRESS	CITY/STATE/ZIP	HOW LONG?
TYPE OF BUSINESS	BUSINESS PHONE ()	POSITION/OCCUPATION	
SALARY \$ _____	PER () MONTH () YEAR	SUPERVISOR NAME: _____	
OTHER INCOME SOURCE:	AMOUNT: \$ _____		

OTHER MONTHLY EXPENSES :

UTILITIES (ELECTRIC, GAS, WATER) \$ _____ AUTO EXPENSE (GAS, REPAIRS, INSURANCE) _____ FOOD: _____ CLOTHING _____
 MEDICAL: _____ MEDICATIONS: _____ DENTAL: _____ EYE _____ INSURANCE _____
 CHILD CARE/ELDER DARE: _____ CREDIT CARDS _____ OTHERS (LIST WITH DOLLAR AMOUNTS) _____

NATURE OF EMERGENCY: (Use 2nd sheet of paper to explain situation in detail)

TYPE OF ASSISTANCE REQUESTED: _____

Signature of Applicant: _____ Date: _____

Do not write below this line

Examiner: _____ Date: _____ Recommendation: _____

Approved by: _____ Date: _____ Assistance Allocated: _____