

Information

Special Funds Appeal

Date: _____

Name:

Last Name	First Name	MI
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DOB: _____

Phone: _____ Enrollment #: _____

Address: _____

County: _____

Household Information (attach additional sheet if necessary)

Name:	Age	FDL Enrolled (Y/N)
(Self)	_____	_____
(Spouse)	_____	_____
(Child)	_____	_____
(Child)	_____	_____
(Child)	_____	_____
(Other)	_____	_____

Employment Information (Please include all employment in the household)

Employer(s): _____

Household Income:

Household gross income: \$
Total for last year: \$

Expenses

Expense	Monthly Cost	Expense	Monthly Cost
Rent/Mortgage	\$ _____	Heat (Gas/Oil)	\$ _____
Water/Sewage	\$ _____	Electricity	\$ _____
Phone	\$ _____	Garbage	\$ _____
Food/Paper Products	\$ _____	Laundromat	\$ _____
Loans/Car Payment	\$ _____	Child Support/Alimony	\$ _____
Insurance	\$ _____		
Day Care	\$ _____		
Entertainment	\$ _____		
Other (specify)	\$ _____		
TOTAL	\$ _____		

Please check the box if you have received the following assistance in the past year.

- WIC Child Care Assistance _____ Amount
 Fuel Assistance _____ Amount Commodities SNAP _____ Amount

Have you asked for assistance from any other sources and been denied? Yes No

(Examples: Salvation Army, Cloquet Public Housing, County Assistance, etc.)

If yes, please provide verification of denial

Please explain what you are requesting SF to cover:

Indicate special circumstances:

Amount requesting \$

Applicant certifies that the information above is accurate at the date of application. Applicant gives permission to verify information in this application or to release information in order to determine eligibility for services from the Fond du Lac Reservation or other community service.

Signature of Applicant

Date