



Application For Assistance

In order to be considered under the Fire Fighters Community Service Organization of North Kansas City Charity Policy two (2) of the following financial information documents must be provided for financial status verification:

1. The last 4 paycheck stubs
2. Documentation of Social Security benefits
3. Unemployment benefits
4. Retirement income
5. Food stamp income worksheet
6. Latest bank statement
7. Recent check stub
8. Latest income tax return

You **MUST** provide all information listed above that pertains to you. A hardship letter explaining your current circumstances can be included to justify your inability to pay.

If this information is not returned with the application, it will be considered incomplete and returned to you. The application will need to be returned to Fire Fighters Community Service Organization of North Kansas City within fourteen (14) days from the date sent to you. If not, you will need to reapply.

Please email this completed application to the address info@ffcsonkc.org You may also contact us through our website www.ffcsonkc.org with questions or for additional information.

Fire Fighters Community Service Organization of North Kansas City
 Attention: CSO Assistance Application
 P.O. Box 7422 North Kansas City, MO 64116

Responsible Party		
Name	Marital Status	Social Security Number
Street, Address, City, Zip	How long at this address?	Home Phone:
Employers Name and Address	How long employed?	Business Phone
Position/Title	Monthly Income	Annual Income

Spouse		
Name		Social Security Number
Employers Name and Address	How long employed?	Business Phone
Position/Title	Monthly Income	Annual Income

Household Information (all persons in household)		
Name	Date of Birth	Relationship
Total Persons in Household?		

Miscellaneous Income per Month			
Dividends/Interest	\$	Child Support	\$
Public Assistance	\$	Alimony	\$
Food Stamps	\$	Unemployment	\$
Social Security	\$	Workers Comp	\$
Grants	\$	Savings Acct Balance	\$
IRA	\$	Checking Acct Balance	\$
Rental Income	\$	Other	\$
Total Monthly Income:			

Miscellaneous Expenses per Month			
Rent/Mortgage	\$	Food	\$
Homeowners Insurance	\$	Clothing	\$
Property Tax	\$	Car Payments	\$
Electric	\$	Car Insurance	\$
Water	\$	Gasoline	\$
Telephone/Cellular	\$	Alimony	\$
Loans	\$	Child Support	\$
Credit Cards	\$	Medical Insurance	\$
Life Insurance	\$	Medications	\$
Total Monthly Expenses:			

Assets			
Checking Account	\$	Savings Account	\$
CD's	\$	IRA's	\$
Investments	\$	Other	\$

Vehicles/Recreation					
Make	Model	Year	Loan Amount	Payment	Value
			\$	\$	\$

Incomplete or fraudulent applications will be denied.

In completing this financial statement, I hereby affirm the above statements are correct and complete, and I give my consent to further verification by the Fire Fighters Community Service Organization of North Kansas City or its agents.

Signature/Date _____ / _____