MAKING ENDS MEET

Application for Financial Assistance

MAKING ENDS MEET
P.O. Box 1845, Aiea, HI 96701 • (808) 485-2505 • www.MakingEndsMeetHawaii.org

Instructions: Complete this form and submit with required documents to: **Making Ends Meet, PO Box 1845, Aiea, HI 96701.** Keep a copy of the completed form for your records.

GENERAL INFORMATION			
Last Name	First	M.I.	Date
Street Address	Apt/Unit#	❑ Own ❑ Rent ❑ Homeless	
City	State	Zip	
Phone	Email		
Annual Household Income: $_____	Number in Household	Are you a Hawaii resident? ❑ Yes ❑ No	
Are you a citizen of the United States? ❑ Yes ❑ No	If "No", are you authorized to work in the United States? ❑ Yes ❑ No		
EMPLOYMENT INFORMATION			
Are you currently employed? ❑ Yes ❑ No	If "Yes", ❑ Full-time ❑ Part-time	**MUST ATTACH THREE (3) PAY STUBS**	
Employer's Name (if applicable):	Employer's Phone #(if applicable):		
Employer's Address (if applicable):			
How long have you been with this employer (if applicable)? ❑ 0-6 months ❑ 6-12 months ❑ 1-2 years ❑ 2+ years			
OTHER INFORMATION			
Are you a student? ❑ Yes ❑ No	If "Yes", ❑ Full-time ❑ Part-time	From:	To:
Name of School Attending (if applicable):	**MUST INCLUDE PROOF OF ENROLLMENT**		
Address of School (if applicable):			
Do you receive public assistance **other than** food stamps, Medicaid, Medicare, SSI, Quest, Disaster Relief, or Section 8 Housing? ❑ Yes ❑ No If "Yes", what type(s)? _____			
PERSONAL NEED STATEMENT (Provide a brief statement about your current situation and the reason you are requesting assistance.)			
Indicate how you plan to use the award if granted. _____ Housing _____ Bus Pass _____ Books for School _____ Food _____ Clothing _____ Emergency Medical Care _____ Utilities _____ Prescription Medication _____ Medical Supplies _____ Other (please specify): _____			
AWARD INFORMATION			
Desired Amount: $ _____	If awarded, make the check payable to (full name):		
How would you like to receive the award? ❑ I will pick up the check. ❑ Mail the check to me at the address I provided above.			
_____ (initial) **Disclaimer**: **MEM will not be held responsible for any debt or financial obligation of any applicant that is denied an award. MEM will not be held responsible for any future debt/financial obligation of applicants who are awarded emergency financial assistance.**			
CERTIFICATION AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge. If this application leads to a financial assistance award, I understand that false or misleading information in my application or interview may result in forfeiture of award.			
Signature:	Date:		

FOR OFFICE USE ONLY
❑ Approved ❑ Denied ❑ Pending Documents