

ACCOUNTING FOR ONE ANOTHER

Confidential Request

Dotai				
Date:				
Name of person making request:Business:	Dhone #			
Recipient Information:	I none #			
Name:				
		_		
Home address:	City	State	7in	
Dusinass address:	•	State	Zip	
Business address:		C4-4-	7:	
Phone Numbers:	City	State	Zip	
Household: (i.e. a house bill AFOA could Monetary: (i.e. Be specific for the use of d				
*Please note that additional documents ma	ry be requested.			
	•	their needs?		
Does applicant have access to any other as	ssets or assistance that would meet			
Does applicant have access to any other as	ssets or assistance that would meet			
Does applicant have access to any other as Yes	ssets or assistance that would meet No			
Does applicant have access to any other as Yes Is Medical insurance available? Yes	ssets or assistance that would meet No			
Does applicant have access to any other as Yes Is Medical insurance available? Yes	ssets or assistance that would meet No			
Does applicant have access to any other as Yes Is Medical insurance available? Yes Submitted by:	ssets or assistance that would meet No	No		
Does applicant have access to any other as Yes Is Medical insurance available? Yes Submitted by: Who may we contact/notify if we need add	ssets or assistance that would meet No line line line line line line line line	No		
*Please note that additional documents ma Does applicant have access to any other as Yes	ssets or assistance that would meet No line line line line line line line line	No		
Does applicant have access to any other as Yes	ditional information regarding this	No		
Does applicant have access to any other as Yes	ssets or assistance that would meet No line line line line line line line line	No		

Check #

Amount of other AFOA donations designated to this recipient \$

Date