



Case # _____
Date Received _____
<i>For Office Use Only</i>

EMPLOYEES RESOURCE FOUNDATION

Intake Form

Amount Requested \$ _____

Name of Applicant _____
Last First Middle Initial

Home Address _____
Street Town/City State Zip Code

Home Phone # _____ Social Security # _____

Building/Program Name _____

Address _____

Position _____ Years Employed _____

Certification _____ Gross Annual Salary \$ _____

Monthly Payments: Mortgage/Rent \$ _____ Auto \$ _____

Please describe the circumstances that have caused you to request assistance from the *Foundation*. Be specific with regard to the monetary problems that have been caused by the catastrophic situation you and your family are confronting. Please remember that the *Foundation* is designed to provide a limited resource to “tide you over” and is not meant to provide complete relief from fiscal problems. Please use additional paper if more space is needed.

I, the undersigned, do certify that the information provided to the *Foundation* in this document is accurate and truthful.

Signature of Applicant _____ Date _____

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Please retain this portion of the form for your records

Mail completed form to:
Irene Witthoft, 16 Cynthia Lane, Northport, NY 11768
Phone/Fax: 631-261-2634

Date Sent _____ Date Receipt Confirmed _____