

Request Date \_\_\_\_\_ 00002 0 62 9 reW\* nBT/F2 11.52 Tf1 0 0 1 7 04 75.3 R(.314gW\*9())JTETQ.000002 0 62 9 reW\*9

## 2.) Financial Need:

Household Size (include all persons residing in home, related or not): \_\_\_\_\_

Yearly Household Adjusted Gross Income (AGI): \_\_\_\_\_

Monthly Household Net Income: \_\_\_\_\_

Along with this application, please e-mail one of the following to demonstrate proof of need:

1. If you ~~are~~ starting a nonprofit:
  - a. Any termination letter or notices demonstrating lack of employment,
  - b. Tax Return from prior year, Form 1040,
  - c. Copy of pay stubs from last 2 months,
  - d. Proof of enrollment in Free or Reduced Lunch Program, OR
  - e. Proof of enrollment in state, county, or federal assistance (i.e., food stamps, Medicaid, or other government assistance program).
2. If you ~~are~~ already a leader of a nonprofit:
  - a. Financial statement or ledger demonstrating the organization's annual revenue is ordinarily \$10,000 or less,
  - b. If the organization raises more than \$