



# The Van Duzer Foundation

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[www.vanduzerfoundation.org](http://www.vanduzerfoundation.org) • [scott@thevanduzerfoundation.org](mailto:scott@thevanduzerfoundation.org)

Please type this application or complete the electronic form available at the Van Duzer Foundation website at <http://www.VanDuzerFoundation.org>. You must provide three copies of the completed application.

*All forms must be signed where requested by the recipient, recipient's legal guardian or recipient's agent who is to receive the assistance requested.*

**Request Date:** \_\_\_\_\_

**Recipient Last Name:** \_\_\_\_\_ **Recipient First Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Recipient DOB:** \_\_\_\_\_

**Recipient Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Recipient's E-Mail address:** \_\_\_\_\_

**S.S. #:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Senior Citizen (>55):**  Yes /  No    **Homeless:**  Yes /  No    **Disabled:**  Yes /  No    **Veteran:**  Yes /  No

How long lived at above address (If less than five years, please list former address): \_\_\_\_\_

Guardian/Agent's Name (if applicable): \_\_\_\_\_

Guardian/Agent's Address: \_\_\_\_\_

Guardian/Agent's Telephone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (O) \_\_\_\_\_

Guardian/Agent's Email Address: \_\_\_\_\_

Is the recipient of services/funds employed?  Yes /  No

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Telephone Number of Employer: \_\_\_\_\_

E-Mail Address of Employer: \_\_\_\_\_

Is Recipient's Guardian Employed?  Yes /  No

Guardian's Employer: \_\_\_\_\_

Guardian's Employer Address: \_\_\_\_\_

Guardian's Employer Telephone Number: \_\_\_\_\_

Guardian's Employer E-Mail Address: \_\_\_\_\_

Household Members (not including self) Adults #: \_\_\_\_\_ Children #: \_\_\_\_\_ 1. Indicate wage, if working

Names of Household Members/Relatives:	SS#	Relationship to HOH	DOB	Sex	Disabled?	Migrant Worker?	Veteran?	Monthly Income	Income Source <sup>1</sup>
				<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N		
				<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N		
				<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N		
				<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N		
				<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N		
				<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N		

I verify that the information provided is correct, as stated. I give the Van Duzer Foundation permission, for no longer than one year, to share this information with other agencies to better serve my needs.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

MONTHLY HOUSEHOLD INCOME			
Income	\$	AFDC	\$
Spouse	\$	Food Stamps	\$
Wrk Comp	\$	Unemployment	\$
SSI	\$	Other 1	\$
SSDB	\$	Other 2	\$
Private	\$	Other 3	\$
Soc Sec	\$	Other 4	\$
Child SS	\$	Other 5	\$
Child Sup	\$	Other 6	\$
<b>Total Income:</b>			<b>\$</b>

MONTHLY HOUSEHOLD EXPENSES			
Rent/Mortg	\$	Life Ins	\$
Electric	\$	Furniture	\$
Water	\$	Cable	\$
Phone	\$	Diapers	\$
Garbage	\$	Personal	\$
Food	\$	Other 1	\$
Meds	\$	Other 2	\$
Car Ins	\$	Other 3	\$
Car	\$	Other 4	\$
<b>Total Expenses:</b>			<b>\$</b>

Signed: \_\_\_\_\_ (Van Duzer representative) Date: \_\_\_\_\_

# IN HSHLD (check 1)	125% Monthly	125% Annual
1 <input type="checkbox"/>	\$1,164	\$13,963
2 <input type="checkbox"/>	\$1,576	\$18,913
3 <input type="checkbox"/>	\$1,989	\$23,863
4 <input type="checkbox"/>	\$2,401	\$28,813
5 <input type="checkbox"/>	\$2,814	\$33,763
6 <input type="checkbox"/>	\$3,226	\$38,713
7 <input type="checkbox"/>	\$3,639	\$43,663
8 <input type="checkbox"/>	\$4,051	\$48,613
Add for each add'l	\$412.50	\$4,950

**Purpose of Assistance?** (Check all that apply):

Employment       Education       Find Housing       Apply for Services       Medical Care

Other: \_\_\_\_\_

Does anyone in the household volunteer?     Yes /  No

If yes, how many hours per week? \_\_\_\_\_ Where? \_\_\_\_\_

Reason for Request: (Please limit to one typed page, or use the space provided below, in describing the unforeseen crisis or tragedy and the financial and personal hardship it has brought about):

Please describe the Assistance requested:

If the relief requested is financial in nature, do you:

1. Have the present financial means to personally meet the needs of the situation?  Yes /  No
2. Have insurance coverage that is presently paying for or will pay for and part of the need?  Yes /  No  
(a) If the answer is yes, what percentage or dollar amount of coverage is expected?  Yes /  No
3. Are you receiving financial assistance from or do you have any other non-profit organization which is or which you expect to provide assistance in this matter?  Yes /  No

**By your signature hereon, you recognize the Van Duzer Foundation's mission statement is to assist families and individuals in St. Lucie County Florida, who are experiencing financial and personal hardship brought about by unforeseen crisis or tragedy. By your signature below you swear or affirm that the request made is for a St. Lucie County, Florida family or individual experiencing financial and personal hardship brought about by an unforeseen crisis or tragedy.**

\_\_\_\_\_  
Signature of Recipient/Agent/Guardian

\_\_\_\_\_  
Date