

EL PUENTE FOUNDATION BENEFIT RECIPIENT APPLICATION FORM

Referring agency: _____ Agency contact person: _____

Date: _____ Contact phone number: _____

Please answer the questions below truthfully with proper substantiating documentation, receipts, forms, licenses, ownership certificates, tax/income W2/1040 forms, or other corroborating evidence of your replies. El Puente Foundation reserves the sole right to accept or deny an applicant based on the information provided and subsequent background and/or information checks. Your information will be held in the strictest of confidence by foundation staff members. Sensitive matters need to be fully documented in order to determine applicability for benefits. Mail complete application and supporting documentation to:

El Puente Foundation, Benefit Requests
P.O. Box 9534
San Jose, CA 95157-9534
email: staff@elpuentefoundation.com
Internet URL: www.elpuentefoundation.org (also ".com" & ".net")

Name(s): _____ U.S. Citizen (yes/no) _____ If no,
_____ Country of citizenship

Address: _____ Years/months at this address: ____ yrs ____ mo

Phone: daytime _____ evening _____ cell/pager _____

Employer name(s): current _____ previous

Employer address(s)/phone, current and previous:

dates: _____ dates: _____ dates: _____

Job title(s) or duties:

Social Security or Tax Payer ID Number(s) of country of citizenship:

Please provide and attach a PHOTOCOPY of ONE official picture identification card you have such a drivers license, state/federal/country I.D. card, passport, immigration “green” card, etc. Enter the I.D. number of the selected official I.D. here: _____ (MUST include a photocopy of this official I.D. in the application). Check here _____ if you have NO official I.D. cards.

List 2 or 3 skills you possess that could be used in some form of employment:

Maiden name (if any): _____

Number of dependents/children: _____

Names/ages/relationship of dependents/children:

(Example: 1. Lydia Smith Sex: F age: 9 relationship: step daughter)

1. _____ Sex ___ M ___F age: _____ relationship:

2. _____ Sex ___ M ___F age: _____ relationship:

3. _____ Sex ___ M ___F age: _____ relationship:

4. _____ Sex ___ M ___F age: _____ relationship:

5. _____ Sex ___ M ___F age: _____ relationship:

6. _____ Sex ___ M ___F age: _____ relationship:

Do you have sole custody of ALL above dependents? (yes/no) _____ . If no, which do

you have sole custody of? (write numbers, i.e. #1, #3, #4) _____.

Do ALL the above dependents currently reside with you? (yes/no) _____. If yes, which do live with you? (write numbers, i.e. #1, #3, #4) _____.

Do you own any vehicle(s)? (yes/no) _____

If yes, give make/model/year(s) _____ odometer mileage _____

If yes, give outstanding loan balance on vehicle \$ _____, loan interest rate _____%, and monthly payment \$ _____. Vehicle license number: _____

Do you own any real estate (homes, land, rental property)? (yes/no) _____

If yes, please detail current mortgage(s) loans, liens, and/or income from said property and enclose copies of a monthly mortgage statement:

Type of property (i.e. family home, land, rental property): _____

Current mortgage(s) balance and interest rate(s):

1st mortgage balance \$ _____ rate: ____% monthly payment: \$ _____

2nd mortgage balance \$ _____ rate: ____% monthly payment: \$ _____

Lien amount total (if any) \$ _____ (amounts held by a 3rd party against property OTHER than a mortgage as a result of a court judgment, workman's lien, etc)

If an income property, list total average monthly rents received: \$ _____

Current estimated value of property: \$ _____

Property address: _____

Names of relatives living your local area (state name/address/phone/relationship)

Name:	Address:	relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently receiving any additional income, financial, educational, or medical insurance aid from ANY other domestic or foreign agencies, governments, or private parties? (yes/no) _____ (This includes Social Security, AFDC, retirement benefits, child support, alimony, food stamps, welfare, W.I.C., grants, rent subsidies, allowances, disability, unreported income, unemployment insurance aid, and related aid from ANY SOURCE). Describe in detail below:

Marital status: Single _____ Married _____ Divorced _____ Widowed _____

If Divorced or Married, state number of times: Marriages: _____ Divorces: _____

Are you currently covered by any public or private medical insurance plan? (yes/no) _____
_____. If yes, state name of medical insurer and/or plan type and whether dependents mentioned above are also covered:

Any prior history of substance abuse? _____ If yes, have you been under treatment for recovery? _____. If under treatment, state name of treatment program and location/phone number _____.

Education (check all that apply):

High School equivalency: _____ year _____ city/state: _____

High School graduate: _____ year _____ city/state: _____

Trade/Technical school: _____ year _____ city/state: _____

Junior College: _____ year _____ city/state: _____

College/University _____ year _____ city/state: _____

List school names and degrees/certificates/diplomas obtained from above answers.

High School: _____ diploma: _____

Trade/Technical School: _____ degree/certificate: _____

Junior College: _____ degree/major: _____

College/University: _____ degree/major: _____

Do you own any credit cards? (yes/no) _____

If yes, TOTAL of all cards' balances carried \$ _____, interest rate(s) _____%

Have you ever filed for bankruptcy? _____ If so, what year(s)? _____

Do you own a computer? (yes/no) _____ If yes, state brand name/type, age, and whether you use the Internet with the computer _____

Have you ever been convicted of any crimes? (yes/no) _____

If yes, use a SEPARATE SHEET to describe details using dates, misdemeanor/felony counts, sentences, and time served. If yes, are you currently or have you ever been on parole? (yes/no) _____

Have you ever been a gang member? (yes/no) _____ If yes, name gang and ages during which you were a member : _____ age _____ through age _____. Are you still affiliated with above gang? (yes/no) _____. If no, state reason for leaving gang: _____.

Have you ever been homeless? (yes/no) _____ If so, state years _____ and where you sought shelter and support _____.

Do you have any friends to which you confide your problems? (yes/no) _____. Does anyone celebrate your successes with you or console you on your failures? (yes/no) _____. If yes to either, state name/phone number of friend/support person: _____.

Did you have what you would consider a happy childhood? (yes/no) _____

Do you think of yourself as a social outcast? (yes/no) _____

Do you currently have what you would consider a "manageable" life situation? (yes/no) _____. If not, do you feel out of control of your life? (yes/no) _____.

Do you have any church and/or social/family group affiliations? (yes/no) _____. If so, state church, social, or family group names, addresses, clergymen, or counselors you have consulted:

Church or social/family group: _____

Address: _____

Phone: _____ Clergyman or counselor name: _____

What is your primary/first language? _____ read (X) _____ write (X) _____

Do you speak any other languages? (yes/no) _____

If yes, language _____ read (X) _____ write (X) _____

Do you currently have roommates or family members with which you share living expenses (rent/food) and services (utilities/phone)? (yes/no) _____. If so, what is the proportion of YOUR share of these expenses (example: 50%, 40%, 20%) _____%. Do

you feel YOUR proportion of paid expenses is fair and reasonable? (yes/no) _____.

Your total annual income from ALL sources: \$ _____

***** Please provide entire IRS tax form 1040 for the last 2 years as supporting evidence *****

List your MONTHLY income and living expenses in the categories below:

GROSS INCOME:

Wages/tips: \$ _____
Alimony/child support: \$ _____
Social Security: \$ _____
Agency subsidies: \$ _____
Other: \$ _____ type: _____
(Example: \$100 type: side jobs)

EXPENSES:

Rent/mortgage: \$ _____
Food: \$ _____
Health insurance: \$ _____
Utilities: \$ _____
Car/gas/maintenance: \$ _____
Taxes (Fed/State total): \$ _____
Day care/child care: \$ _____
Clothing: \$ _____
Other \$ _____ type: _____

Other \$ _____ type: _____

(Example of Other: \$ 200.00 type: credit card)
(Example "Other" categories: credit card, education, child support, medical expense, etc).

TOTAL GROSS MONTHLY INCOME:

(add all above income)
\$ _____

TOTAL GROSS MONTHLY EXPENSES:

(add all above expenses)
\$ _____

For rent/mortgage, utilities, car expenses, PLEASE PROVIDE CURRENT RECEIPTS or copies of bills and landlord/mortgage contact information with complete address/phone. For Gross and other income, PLEASE PROVIDE CURRENT PAY STUBS with employer address and phone information. For other expenses, PLEASE provide a copy of a cancelled check, receipt, or invoice statement for each of the expense payments listed above. You may black out account numbers for security purposes. State the nature of each receipt or invoice (i.e. "utilities", "child support", "medical", "credit card").

OTHER ASSETS: (List bank accounts held individually or jointly)

Applicant #1

CHECKING: Bank - _____ branch - _____ Balance: \$ _____

SAVINGS: Bank - _____ branch - _____ Balance: \$ _____

Applicant #2

CHECKING: Bank - _____ branch - _____ Balance: \$ _____

SAVINGS: Bank - _____ branch - _____ Balance: \$ _____

Please provide photocopies of most recent bank statements. You may black out account numbers for security purposes, but do not black out account holder names/addresses.

Do you have any chronic or debilitating medical, physical, or emotional conditions that seriously impede your day-to-day ability to function and interact with your family, job duties, and/or community? Please explain in detail below:

Question 1:	Briefly, explain why you are applying for benefits from the foundation.
Reply:	
Question 2:	Have the foundations' operating principles and goals been read or explained to you? What sort of benefits are you expecting and for what total value/cost? How long do you <u>expect</u> to receive these goods/services (in months)? How long do you think you
Reply:	
Question 3:	Describe your background and history that culminated in your need for assistance. Be
Reply:	
Question 4:	Do you have any physical or mental disability that precludes you from working? Describe in detail with appropriate dates of when disability was discovered/treated.
Reply:	
Question 5:	Write one or two general goals you think you will be able to accomplish in the next year or two and what your general plans are to accomplish those goals.
Reply:	

Question 6:	What has been the most difficult task you have ever tried to accomplish? How did it affect your life?
Reply:	

Question 7:	Describe yourself as “who” you are as a person currently, assuming you are meeting a friend you haven’t seen in a long while that wants to catch up on your life.
Reply:	

Question 8:	What do you believe is your greatest barrier to self-sufficiency? What have you tried over the years in order to make ends meet financially and keep yourself emotionally stable during the process?
Reply:	

Question 9:	Have you moved households or changed addresses 3 times or more in the last two years? If so, list last 3 previous addresses, move dates, and general reasons for
Reply:	

Question 10:	Do you believe a better education would help you succeed further? If yes, explain why and what you would like to do to pursue a better education.
Reply:	

Question 11:	Do/did you like your current or last job? If not, what was it that made you like or dislike it? What would you RATHER do for employment, given the opportunity?
Reply:	

Question 12:	Does your family or support network of friends support your decisions and help guide you ? Do you feel you exercise good judgment in making those decisions? If so, describe how you came about making a decision that affected your life in large way.
Reply:	

Question 13:	Do you have any free time? If so, how do you spend it? What sort of hobbies do you have. What sort of hobbies/outside activities would you LIKE to have?
Reply:	

Question 14:	If you are the primary caregiver for your children, how do you manage to balance your life between family and work/social responsibilities? If you are not the primary caregiver for your children, how often do you see them and would you like to see more of them? How do you plan to carry out this action?
Reply:	

Question 15:	In times of conflict, how do you typically try to resolve the issue? Describe a difficult issue you have had recently with an employer, mate, family member, or friend and what transpired. How would you handle it differently today?
Reply:	

Question 16:	Do you feel you have been treated unfairly by most people? If so, describe how and why you believe you deserve better treatment. What do you expect from people with whom you interact on a daily basis?
Reply:	

Question 17:	What do you believe are your THREE biggest responsibilities? How do you take care of those responsibilities?
Reply:	

Question 18:	Do you feel that your family members treat you with the respect , love, and honor you desire or deserve? If not, explain why as best you can.
Reply:	

Question 19:	Do you feel that you are entitled to a better life? If so, what steps are YOU taking to ensure that better life? How much time have you spent on attempting to attain that goal? What periods of time were you unable to improve your condition and why?
Reply:	

Question 20:	If you accept help from a friend in any form (emotional, financial, or just a lending hand at home), do you feel indebted to that friend? If so, how do you typically show your gratitude? Give an example if you can.
Reply:	

Notes or other information benefit applicant(s) wish to share. Attach a separate letter or document if you need more space:

By signing below, benefit applicant(s) agree that they have read and have full and complete comprehension of the application in total, or have been aided in reading and fully comprehending the application by a person unaffiliated with the foundation, in their native language, and agrees to abide by this comprehension henceforth.

By signing below, benefit applicant(s) are affirming that all written statements herein and all required corroborating information submitted referencing the application or benefit status (henceforth called "submittals"), to include all forms, stubs, affidavits, cancelled checks, receipts, and tax returns, are true and correct. The applicant(s) also agree that ANY submittals to the foundation at ANY time received from the applicants(s), on the behalf of the applicants(s), or relating to the applicant(s) that is found to be false, misleading, or incomplete, as determined by the foundation or its associates, can cause immediate benefit termination, benefit adjustments, and/or benefit denial from El Puente Foundation. The benefit applicant(s) further stipulate that there have been no material omissions in the application or submittals, whether intentional or accidental. Such omissions, including all required corroborating evidence submittals, at the sole discretion of the foundation, can cause immediate benefit termination, benefit adjustments, and/or benefit denial. The applicant(s) therefore certify and maintain that the financial information given in this form is FULLY COMPLETE and ACCURATE. The applicant(s) herein agree to notify the foundation and provide proper documentation and/or submittals relating to ANY change in financial or personal status, such as marriage, divorce, employment, address change, or ANY material change in the application's required information as stated in entirety herein within 30 days of said status change. Failure to do so can result in benefit termination, benefit adjustments, and/or benefit denial.

By signing below, benefit applicant also agree to the terms and conditions set forth in the following statements regardless of whether a benefit request is accepted, continued, adjusted, denied, or terminated:

El Puente Foundation (the foundation) reserves the right to terminate and/or adjust ANY applicants' benefits at ANY time for ANY reason, with or WITHOUT notification. The undersigned hereby grants El Puente Foundation, its staff, founders, directors, administrators, and affiliates absolution from any harm, litigation, due process for harassment, discrimination, or ANY other legal proceeding as a result of being accepted, denied, continued, terminated, or having benefit adjustments. The undersigned also agrees that El Puente Foundation, its staff, founders, directors, administrators, and affiliates shall be rendered harmless from ANY liability, legal proceedings, penalties, retribution, and/or harassment of ANY type as a result of any recipients' or recipients' family, representatives, associates, friends, acquaintances, or any unaffiliated persons (henceforth called "other parties") from accidental or intentional misuse of goods and/or harm caused directly or indirectly from any goods/services/activities rendered to the recipient(s) on behalf of the foundation. The aforementioned statement shall also include ANY current and ANY future direct or indirect misuse and/or harm that may occur to the recipients and/or other parties, regardless of cause. The recipient(s) also realize that it is their sole responsibility to report any income and/or recognition of property of value

received from the foundation by the recipient(s) or by other parties on behalf of the recipient(s) to the proper taxing authorities as governed by current law.

Applicant(s) also agrees to allow foundation staff, founders, directors, affiliates, or representatives to take and use images/likenesses of the applicant(s), recipient(s) name(s), publicly available addresses and phone numbers, quoted statements, or other factual information given ON or WITH the application, at the foundation's sole discretion, for publishing purposes in printed literature of ANY type. This literature includes but is not limited to brochures, pamphlets, articles, Internet web pages etc. in ANY publishing medium such as posters, Internet web sites, books, newspapers, etc. Applicant also agrees that sensitive or private information, as determined by the sole discretion of the foundation, will be withheld from publishing. Applicant also agrees that fictitious names, stated as such, may be used in relation to stories published with applicant(s) information to protect the applicant(s)' privacy. Applicant also hereby waives the right to trademark and/or copyright of any said published information or material stated and documented herein. Applicant also agrees and allows the foundation to perform any background and/or credit checks based upon the material herein, and any current or future submittals, with the governing authorities, to include credit agencies, employers, banks, Internal Revenue Service or any other taxing authority, law enforcement, Department of Motor Vehicles, or ANY other agency or company by which the foundation verifies the information contained herein and current/future submittals.

_____ Date: _____ Notary:

Applicant #1 signature

Applicant #1 printed name

Notary Seal/Date _____

_____ Date: _____ Notary:

Applicant #2 signature

Applicant #2 printed name

Notary Seal/Date _____

Signature of authorized representative
of El Puente Foundation

Date: _____

El Puente Foundation Seal