

# CLAUDIA LIVES ON MEMORIAL FUND APPLICATION

([www.claudialiveson.org](http://www.claudialiveson.org))

THE MISSION OF THE CLAUDIA LIVES ON MEMORIAL FUND IS TO HELP HOMELESS, DISPLACED WOMEN IN TRANSITIONAL LIVING PROGRAMS THROUGHOUT MONMOUTH AND OCEAN COUNTIES, NEW JERSEY, WITH SCHOLARSHIP MONEY DIRECTED TOWARD NEXT-STEP HOUSING EXPENSES.

## WHEN FILLING OUT THIS APPLICATION, PLEASE PRINT

APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

CURRENT ADDRESS

\_\_\_\_\_

PHONE \_\_\_\_\_

NUMBER OF CHILDREN: \_\_\_\_\_ AGES: \_\_\_\_\_

NAME OF TRANSITIONAL LIVING PROGRAM OR AGENCY WHERE YOU HAVE BEEN A CLIENT:

\_\_\_\_\_

CASE MANAGER: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE CLAUDIA LIVES ON MEMORIAL FUND?

\_\_\_\_\_

I AM A SURVIVOR OF DOMESTIC VIOLENCE \_\_\_\_\_ SEXUAL ASSAULT \_\_\_\_\_

### CURRENT SOURCES OF INCOMES AND MONTHLY AMOUNTS

EMPLOYER \_\_\_\_\_ AMOUNT \_\_\_\_\_

OTHER (CHILD SUPPORT/DISABILITY/ETC):

\_\_\_\_\_ AMOUNT \_\_\_\_\_

HAVE YOU APPLIED FOR ANY OTHER ASSISTANCE FOR HOUSING EXPENSES? IF YES, WHICH ONES, AND WHAT IS THE STATUS?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDRESS TO WHICH YOU WILL BE MOVING (IF KNOWN), AND ESTIMATED DATE OF MOVE

\_\_\_\_\_

\_\_\_\_\_

AMOUNT OF RENT PER MONTH \_\_\_\_\_

AMOUNT OF SECURITY REQUIRED \_\_\_\_\_

LIST GOALS YOU HAVE ACCOMPLISHED OVER THE PAST 12 MONTHS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

