

# KIDS FOR KIDS FOUNDATION

## INDIVIDUAL GRANT PROGRAM

### FAMILY FINANCIAL SUMMARY

*This form is for Individual Grant Applicants and families with a child or children struggling with medical challenges.*

These grants are awarded on a quarterly basis. The Foundation's Board of Directors meets quarterly, however you may submit your application at any time during the year. Applicants will be notified no later than 60 days after the Board of Directors' meeting.

Grants are awarded based on need and availability of funds. If our Foundation finds you eligible for financial support, a notification letter will be sent to you for your records confirming what funds will be directed to the applicant. If the applicant is deemed ineligible for any reason, including if you have submitted an incomplete application, an email will be sent to the contact listed below.

Please fill out this form completely and legibly. Note, if completing with use of Microsoft Excel, the "Amount" columns in the reporting Sections B through E will automatically calculate totals required for financial assesment. If completing manually, please print all calculations clearly.

SECTION A: Applicant & Family Information			
<b>Applicant Name</b>		<b>Birth Date</b>	
<b>Applicant Home Address</b> - City, State and Zip Code		<b>Home Phone Number</b>	
<b>Name of Person Completing this Form</b> (MUST BE AN IMMEDIATE FAMILY MEMBER)		<b>Relationship to Applicant</b>	
<b>Email Address</b>		<b>Best Phone Number</b>	
<b>Applicant's Family</b> - Please list all family members who are dependent on family income			
<u>Relationship to Applicant</u>	<u>Name</u>	<u>Birth Date</u>	<u>Address and Phone Number (if different than applicant)</u>
Mother of Applicant			
Father of Applicant			
Stepparent of Applicant			
Other - _____			
<b>Dependents</b> - A child is considered a dependent if one of the following is true about the child:			
1. The child is under age 18.			
2. The child is a full-time student under age 25 and parents provide at least 50% support.			
3. The child meets some other IRS standard as a dependent.			
<u>Child Number and Sex</u>	<u>Name</u>	<u>Birth Date</u>	<u>Address (if different than applicant)</u>
1. Male Female			
2. Male Female			
3. Male Female			
4. Male Female			
5. Male Female			

SECTION B: Summary of Assets		
<u>Individual/Family Asset Information</u>	<u>Amount</u>	<u>Ref.</u>
Accounts Receivable:		<b>B1</b>
Annuity:		<b>B2</b>

Boats & Other Recreational Vehicles:		B3
Bonds:		B4
Business Property and Real Estate:		B5
Checking Accounts:		B6
Household Furnishings:		B7
Jewelry:		B8
Life Insurance:		B9
Mutual Funds:		B10
Other Assets:		B11
Other Real Estate:		B12
Family Residence Real Estate:		B13
Retirement Plans:		B14
Savings Accounts:		B15
Stocks:		B16
Trusts:		B17
Vehicles:		B18
<b>TOTAL ASSET VALUE</b>	\$ -	<b>B19</b>

<b>SECTION C: Summary of Liabilities</b>		
<u>Individual/Family Liability Information</u>	<u>Amount</u>	<u>Ref.</u>
Mortgage or Rent:		C1
Home Equity Loan:		C2
Other Mortgage:		C3
Vehicle Loans:		C4
Credit Cards:		C5
Student Loans:		C6
Other Liabilities:		C7
<b>TOTAL LIABILITIES</b>	\$ -	<b>C8</b>

<b>SECTION D: Summary of Monthly Income</b>		
<u>Individual/Family Monthly Income Information</u>	<u>Amount</u>	<u>Ref.</u>
Monthly Salary or Wages:		D1
Investment Accounts:		D2
Alimony:		D3
Child Support:		D4
Trusts:		D5
Other Income Sources:		D6
<b>TOTAL MONTHLY INCOME</b>	\$ -	<b>D7</b>

<b>SECTION E: Summary of Monthly Expenses</b>		
<u>Individual/Family Monthly Expense Information</u>	<u>Amount</u>	<u>Ref.</u>
Paid Alimony:		E1

Paid Child Care:		E2
Paid Child Support:		E3
Groceries:		E4
Healthcare or Medications:		E5
Housing or Rent:		E6
Other Mortgage Loans:		E7
Auto Loans:		E8
Auto Insurance:		E9
Health or Dental Insurance:		E10
Life Insurance:		E11
Other Insurance:		E12
Credit Cards:		E13
Student Loans:		E14
Other Expenses:		E15
<b>TOTAL MONTHLY EXPENSES</b>		\$ - E16

<b>SECTION F: Assessment of Family Financial Summary</b>		<b>Ref.</b>
TOTAL ASSETS & INCOME (Add B19 + D7)	\$ -	<b>F1</b>
TOTAL LIABILITIES & EXPENSES (Add C8 + E16)	\$ -	<b>F2</b>
TOTAL FAMILY NET WORTH (Subtract F2 from F1)	\$ -	

Please print this form and sign below to certify that to the best of your knowledge, the information contained in this Family Financial Summary is true, accurate, and complete, and that you understand that if any information herein is not true, accurate or incomplete, it may result in an ineligibility determination.

Signature: \_\_\_\_\_

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

**Please mail this completed form, additional grant application forms, copies of bills or medical documents in support of this application to:**

KIDS FOR KIDS FOUNDATION

Attn: Suzanne Karath

5322 Avenue N

Brooklyn, NY 11234

**OR**

**Email to:** [grants@kidsforkidsnyc.org](mailto:grants@kidsforkidsnyc.org)