



THE FAULK FOUNDATION

6135 Northdale
Houston, Texas 77087
phone: 713.358.6327
fax: 281.768.6582
email: tff@faulkfoundation.org

www.faulkfoundation.org

Instructions for filling out Application for Assistance

1. Name:

The name of the person applying for assistance.

2. Address:

The applicant's address refers to the residence of all family members included in this application. Please indicate if you rent or own the residence. All family members included in this application must be residents for six (6) months or more in the Faulk Foundation service area, which consists of the Greater Houston Area.

3. Social Security:

Include the social security number of the applicant. If the applicant does not have a social security number, proof of applying for a social security number must be included with the application.

4. Date of Birth:

Include the applicant's date of birth.

5. Seeking assistance:

Briefly describe why you are seeking assistance, why you chose the Faulk Foundation, and what you are seeking assistance with.

6. Family Members:

List all family members currently living with you. Members must be residents for at least six (6) months to apply. If more room is needed, please use the back of the page. Family members must have one of the following relationships with the applicant:

- Spouse
- Child
- Stepchild
- Adopted Child
- Grandchild
- Step-grandchild
- Parent
- Grandparent

7. Source of Income:

Indicate the applicant's and spouse's source(s) of income, if applicable. Applicants must include the full names, phone numbers, and addresses of all employers, as well as sources of disability and retirement payments. If dependents are also employed, or if you require more space, use the included form on Page [5].

8. Income:

List the amount of monthly income you receive, both gross and net. If a source of income does not apply to you, please leave it blank.



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9. Expenses:

List the amount of monthly expenses for each applicable source.

10. Assets:

List the value of your assets, if applicable.

11. Vehicles:

List the make and model of your vehicles, as well as the estimated value.

12. Medical Insurance/Benefits:

Include your insurance company, and list the name of the person covered, the source & type, the ID/Case number, and the Effective Date.

13. Medical Questions:

Please answer the questions regarding your medical status. **Specify if any of the family members are children 18 or younger with illnesses.**

14. Medical Bills:

Indicate the total amount of your medical bills, as well as the monthly payments you make.

15. The following documents, if applicable, should be attached to the application:

- Bank Statements (All Accounts)
- Investment Account Statements
- Pay Stubs (reflecting last three (3) months pay or letter from employer)
- Latest Federal Income Tax Return filed (all pages)
- Medicaid Denial (if applicable)
- Employer Benefit Plan Description

Applications should be mailed to the following address:

**The Faulk Foundation
6135 Northdale
Houston, TX 77087**

**Applications may also be submitted via:
Email to tff@faulkfoundation.org
Faxed to (281) 768.6582**