

Financial  
Assistance is only  
for residents of  
Whiteside County  
and Lee County.

# The Burton Foundation Financial Assistance Application

All financial assistance is granted on a Board Member approved determination of need. All information is kept confidential. The questions outlined in this application must be answered to the best of your knowledge and ability. Please read the application thoroughly and review your answers prior to signing the application. Please do not leave any questions blank, if it does not apply, please indicate with an "N/A".

**Primary Applicant** \_\_\_\_\_ Date \_\_\_\_\_

**Referred by:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Identification Provided:  Illinois Driver's License  State Identification

Amount Requested \_\_\_\_\_ Backup Documentation for Amount Requested \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

How long at this address? \_\_\_\_\_ Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_

Email \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

**Spouse and Dependents Living at Home (Please complete.)**

Name	Employer / School	Birth Date	Gender	Relationship

Please share why you are applying for financial assistance. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

What attempts have been made to pay this bill? \_\_\_\_\_

Have you contacted any other organization for assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, name of Organization? \_\_\_\_\_

Do you have any history of Criminal Activity Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes: Date: \_\_\_\_\_ Description: \_\_\_\_\_

Please itemize your gross annual household income. Documentation is required.

Your Income	
Salary, wages and tips	\$ _____
Unemployment compensation	\$ _____
Social Security Compensation	\$ _____
Child support	\$ _____
Aid for Dependent Children	\$ _____
Food stamps	\$ _____
401(k) Retirement	\$ _____
Alimony/Child Support	\$ _____
School loan income	\$ _____
Housing allowance	\$ _____
Pension	\$ _____
Real Estate	\$ _____
Other Income	

Irregular income projected in the next 6 months? \_\_\_\_\_

Anticipated substantial income change in the next 6 months? \_\_\_\_\_

**Current Monthly Household Expenditures (insert amount):**

Rent	Mortgage	Electricity	Gas	Water	Sewer	Garbage	Telephone	Cable	Home Maintenance	Other

**Current Monthly Living Expenditures (insert amount):**

RE Taxes	Life Insurance	Health Insurance	Auto Insurance	Homeowners/ Renters Insurance	Other Insurance	Car Payment	Other Installment Payment

Cash on Hand:

Description: \_\_\_\_\_

Holder: \_\_\_\_\_

Value: \_\_\_\_\_

Submit your completed Financial Assistance Application with the following:

1. Current year's Federal Tax Return (Form 1040 pages 1 and 2 only; or 1040EZ)
2. Copies of your last two paycheck stubs OR a letter from your employer stating your annual salary\*
3. Copies of any supporting documentation listed below:
  - a. Copy of each bill requesting payment
  - b. Copy of Lease Agreement with Landlord Name and Phone Number
  - c. Copy of Driver's License
  - d. Copy of Social Security Card or Social Security Number

O (check if applicable) I do not file a federal Tax return based on federal government income guidelines.

**Applications received without the above documentation will be returned unprocessed.**

I certify that this information is true and complete to the best of my knowledge. I grant permission to The Burton Foundation to verify this information. I agree to notify The Burton Foundation if my financial status should change. I \_\_\_\_\_ give The Burton Foundation the right to inquire with any organization regarding personal information used to qualify me for financial aid. Stating on this date, \_\_\_\_\_, we release this right of privacy to The Burton Foundation.

The undersigned certifies that the statements set forth in this instrument are true and correct, except as to the matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that (s)he verily believe the same to be true.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PLEASE MAIL FILLED OUT FORM AND  
REQUIRED DOCUMENTS TO:

The Burton Foundation  
2090 Larkin Ave - Suite 5A-1  
Elgin, IL 60123