JTFortin
Foundation for *Autism*

Jack's Family Grant Fund
2019 Application

Applicant Information

Applicant Name: _____

(i.e. Mother or Guardian of individual with Autism, or Self)

Home Address: _____

Contact Number: _____

Employer: _____

Gross Monthly Income: _____
Please provide proof of support for this income category
(i.e. 2018 tax returns or 1 month worth of pay stubs)

Applicant Name: _____

(i.e. Father or Guardian of individual with Autism, or Self)

Home Address: _____

Contact Number: _____

Employer: _____

Gross Monthly Income: _____
Please provide proof of support for this income category
(i.e. 2018 tax returns or 1 month worth of pay stubs)

1. Name of Individual Living with Autism: _____ Age of Individual: _____
2. Name of Individual Living with Autism: _____ Age of Individual: _____

Household Information

1. What other forms of monthly income does your household receive? *(Please provide proof of support for these income categories)*

   Child Support: _____

   Alimony: _____

   Foster Care/Guardianship Subsidy: _____

   State Aid (*Cash benefits*): _____

   Retirement Income: _____

   Workers Compensation: _____

   Social Security Benefits: _____

   Other: _____

2. What is your monthly rent/mortgage payment? $_____

   • Please submit a copy of either lease agreement or mortgage statement

3. How many adults live in your household (*total*)? _____

   • Do all adults contribute to the household income?   ☐ YES ☐ NO

4. How many children live in your household (*total*)? _____

   • What are their ages? _____

5. Please describe any hardships you may be facing which led you to apply for Jack's Family Grant?

   _____
   _____
   _____
   _____
   _____

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Funds Requested

Individual #1

Name of Vendor: _____ *(Please note that a check will be made payable directly to the organization. The turnaround time is approximately two weeks after the JT Fortin Foundation has awarded Jack's Family Grants.)*

Amount of Funds Requested: _____ *(Must not exceed $750 per individual)*

What will the funds be used for?

_____
_____
_____
_____
_____

Funds Requested

Individual #2

Name of Vendor: _____ *(Please note that a check will be made payable directly to the organization. The turnaround time is approximately two weeks after the JT Fortin Foundation has awarded Jack's Family Grants.)*

Amount of Funds Requested: _____ *(Must not exceed $750 per individual)*

What will the funds be used for?

_____
_____
_____
_____
_____

Applicant Signature

All **sections** must be completed, with all supporting documents in order for your application to be reviewed.

By signing below I acknowledge that the information contained within this application is true and accurate.

SIGNATURE: _____ DATE: _____