

**Catholic Charities Disability Services
Request for Financial Assistance - 2010**

This request for assistance is for Camp Happiness participants only

Please complete the following and send us your most recent copies of the required information
(i.e. 1040 tax form, pay stubs, etc...)

If we do not receive this required information, you will not be considered for assistance.

This information is considered confidential.

Deadline for turning in financial assistance applications is June 11, 2010
Extensions may be made on an individual basis only

PLEASE PRINT CLEARLY	
Name of Camper _____	SS# _____
Name of Parent/Guardian _____	Phone_(_____) _____

Please complete ALL information below:

- 1) How much assistance would you like to request from Catholic Charities (up to \$500)?
\$ _____
- 2) What is your taxable income? (Line 43 on 1040 / Line 6 on 1040EZ)? \$ _____
(Send a copy of your 1040 or 1040EZ form for verification)
- 3) List all household members monthly income amount below. **Please provide any verifications (ex. SSI pay stub, etc...) from income sources below:**

Income	Mother	Father	Camper	Other _____
Salary/Wages				
Child Support				
Alimony				
Pension/Social Security				
ADC/SSI/SSDI				
Self-employment				
Unemployment				
Other				

Total Number of People living in the Household _____ How many under the age of 21? _____