



**Hope for Michael Relief Fund/Financial Assistance Application Form**

**Application Date:** \_\_\_\_\_

**Please check and list the amount as it pertains to your family:**

**Monthly Gross Income:** \_\_\_\_\_  
**Child Support:** \_\_\_\_\_ **Alimony:** \_\_\_\_\_ **Public Assistance** \_\_\_\_\_  
**SSI (Your child)** \_\_\_\_\_ **SSI( Relative Living in Home)** \_\_\_\_\_  
**Other Income :(Specify)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Monthly Expenses:**

**Rent** \_\_\_\_\_  
**Mortgage** \_\_\_\_\_  
**Car** \_\_\_\_\_  
**Insurance** \_\_\_\_\_  
**Credit Cards** \_\_\_\_\_  
**Other:** (Childcare, Student Loans, Medical, Phone, Cable, Etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Note:** You may be required to submit copies of pay stubs, W-2's and any additional documents requested.

I hereby certify that all information submitted and included on the application and all statements are true. I acknowledge that any false or omissions of information may result in dismissal or disapproval of my application. I also acknowledge that this will also constitute disapproval and prohibit my child to any future consideration through the Hope for Michael Relief Fund and its associated programs.

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

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

Please submit application and all required documents to:  
**Hope for Michael, Inc.**  
 PO Box 49, Lake Peekskill, NY 10537  
 Phone: (845) 528-5758, Fax (845) 528-5758  
[www.hopeformichaelrivera.com](http://www.hopeformichaelrivera.com)  
*All information is strictly confidential*  
*Hope for Michael is a qualified 501 (c) (3) charitable*