

The Montana Melin Foundation
Application For Assistance

Today's date: _____

Name: _____

Current Address: _____

Telephone Number: _____

Driver's License#: _____

Last Four of SSN: _____

If you have just established residence in the past year:

Last Address: _____

How Long did you live there? _____

How long do you plan to reside at your present residence? _____

EMPLOYMENT STATUS:

Place of Employment: _____

Address: _____

Telephone/ext: _____

Do other family members work? _____

Place of employment: _____

Telephone/ext: _____

If unemployed, what was your last job? _____

Do you receive unemployment or worker's compensation? _____

Amount? _____

Have you applied for Employment? If so, Where? _____

What areas of work are you seeking? _____

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Assets:

Describe:

_____ Own a vehicle

_____ Have a place to stay

_____ Receive food stamps

_____ Receive housing aid

_____ Receive child support

_____ Receive alimony

_____ Receive Medicare

_____ Receive help from family

What are your monthly financial needs (including the estimated amount of need and a description of your long term or short term needs and options):

Other Help:

Have you considered or received assistance from any of the following:

_____ County Aid

_____ Church (or churches)

_____ Other Charity or Charities: Please list:

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Briefly explain the needs that you are asking The Montana Melin Foundation with:

I hereby affirm and acknowledge, by signing immediately below, that all of the information I have provided in this application for Assistance are true and complete, and that any misrepresentation or omission may be grounds for rejection. I understand that all benevolence decisions regarding my application are at the full discretion of the Montana Melin Foundation. I also understand that The Montana Melin Foundation is a non-governmental charitable organization financed by the contributions of individuals. If The Montana Melin Foundation decides to provide me with benevolence assistance, I agree to be bound by all policies and standards of The Montana Melin Foundation regarding such assistance.

_____ (Signature)
Print Name

For The Montana Melin Foundation Use Only:

Type of Assistance Given: _____

Date Check Issued: _____

Amount Issued: _____

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Disclosure Notice and Authorization Regarding
Consumer Reports and Investigative Consumer Reports

I understand that a consumer report and/or investigative consumer report containing information concerning my character, general reputation, person characteristics and mode of living may be obtained in connection with my investigative report may be obtained at any time during the application process with the foundation.

I understand that I have the right to request within a reasonable period of time disclosures as to the nature and scope of the investigation requested. I understand that before an adverse action is taken, based in whole or in part to the contents of the consumer report or investigative consumer report, that I will receive a free copy of the report, the name, address and telephone number of the reporting agency, and a summary of my rights under the Fair Credit Reporting Act.

I hereby authorize the Foundation and/or its designated agents to procure a consumer report and/or in investigative consumer report on me for the purpose of evaluating me for employment, promotion, discipline, retention, assignment, reassignment, and to make an independent investigation of my background, including but not limited to, references, character, general reputation, personal characteristics, mode of living, personal interviews with those acquainted with me, past/present employment, education, credit, motor vehicle records, drug screening records, federal, civil, criminal, sex offender and other police records, including those maintained by both public and private organizations and all public records for the purpose of confirming information contained on my application, resume, or in the other supporting documentation and/or obtaining other information, which may be material to my qualifications.

I hereby authorize and request, without any reservation, that any present or former employer, school, law enforcement organization, financial institution, division of motor vehicles, consumer reporting agencies having knowledge about me furnish any and all information in their possession regarding me, in order that my qualifications may be evaluated. I hereby assert a telephonic facsimile and/or copy of this authorization shall be valid as the original.

Full Name (typed or printed)

Social Security Number

Street Address

Driver's License Number State

Former Names (including Maiden name)

Signature

Date