



CONTRACTORS FOR KIDS

1316 MOTOR PARKWAY, ISLANDIA, NEW YORK 11749

1-888-208-KIDS

"We Will Be There"

www.ContractorsForKids.org

The following documents are required in order for your application to be considered by the Contractors For Kids Board of Directors.

- A completed application signed in the presence of a Notary Public.
- A letter from the family, explaining the financial situation and why you are requesting financial assistance.
- A letter from the child's Dr., stating the child's diagnosis and any circumstances that might support your financial need.
- Personal Tax Return of both parents/ guardians (first two pages only).
- Last two pay stubs or proof of income of both parents/ guardians.
- Copy of child's Birth Certificate or Guardianship Papers.
- Copies of the bills you are requesting assistance with.

More information may be requested

The above paperwork may be mailed, faxed or emailed to Contractors For Kids

Mail: 1316 Motor Parkway, Islandia, NY 11749 Fax: 631-617-5153 Email: ContractorsForKids@yahoo.com

Child's Name: _____ Gender: M/F D.O.B: _____ Age: _____

Diagnosis: _____ Age Diagnosed: _____

Primary Care Physician Name: _____ PCP Phone: () _____

Contact information:

Parent/Guardian (1) Name: _____ Parent/Guardian (2) Name: _____

Address (where child resides): _____ City: _____ State: _____ Zip: _____

Home Phone #: () _____ Cell Phone #: () _____ Alt #: () _____

Email Address: _____

How did you hear about Contractors For Kids: _____

As a result of my child's illness, we have encountered difficulties in meeting our expenses and are seeking assistance for the following bills:

For Official Use:

Date Rec'd _____ Reviewed by: _____

Date response was given _____ Amount of Gift _____



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Personal Financial Statement:

Number of Adults in household (18+): _____ Number of dependants (under 18): _____

Life Insurance Policy for Child Yes / No If so, Type of Policy: _____

Annual Gross Salary of Parent/Guardian (1): \$ _____

Annual Gross Salary of Parent/Guardian (2): \$ _____

Assets:

Checking Balance: \$ _____ Savings Balance: \$ _____ Certificates of Deposit (CD's) Balance: \$ _____

Stocks/Bonds: _____ Retirement Funds: _____ Personal Residence Value _____

Rental Income: _____ Total Assets: _____

Liabilities:

Credit Card Debt: Total owed/ Monthly Payment: \$ _____ / _____

Car Loans: Total owed/ Monthly Payment: \$ _____ / _____

Rent Payment: Total owed/ Monthly Payment: \$ _____ / _____

Mortgage Balance: Total owed/ Monthly Payment: \$ _____ / _____

Home Equity Balance: Total owed/ Monthly Payment: \$ _____ / _____

X _____
Parent or Guardian Signature

Parent or Guardian Name Printed

Must be signed in the presence of a Notary Public

State of New York
County _____ On this _____ day of _____, 20____, personally appeared _____,

Personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged that he/she is the parent/legal guardian of the named child and this document is a true representation.

Notary Public