

Request Date _____ 00002 0 62 9 reW* nBT/F2 11.52 Tf1 0 0 1 7 04 75.3 R(.314gW*9())JTETQ.000002 0 62 9 reW*9

2.) Financial Need:

Household Size (include all persons residing in home, related or not): _____

Yearly Household Adjusted Gross Income (AGI): _____

Monthly Household Net Income: _____

Along with this application, please e-mail one of the following to demonstrate proof of need:

1. If you ~~are~~ starting a nonprofit:
 - a. Any termination letter or notices demonstrating lack of employment,
 - b. Tax Return from prior year, Form 1040,
 - c. Copy of pay stubs from last 2 months,
 - d. Proof of enrollment in Free or Reduced Lunch Program, OR
 - e. Proof of enrollment in state, county, or federal assistance (i.e., food stamps, Medicaid, or other government assistance program).
2. If you ~~are~~ already a leader of a nonprofit:
 - a. Financial statement or ledger demonstrating the organization's annual revenue is ordinarily \$10,000 or less,
 - b. If the organization raises more than \$