



Your Bosom Buddies II, Inc.

23 D Bedford Court, Royal Palm Beach, FL 33411

Phone: 561-517-0187 Fax: 561-516-7390

www.yourbosombuddies.org yourbosombuddies2019@gmail.com

Confidential Application For Beneficial Aid

Date _____ Applicant Name _____ SS# _____

Date of Birth _____ Diagnosis Date _____ Type of Cancer _____

Address Street _____ Phone 1 _____ Phone 2 _____

City, State, Zip _____ Email _____ # in Household _____

Referred By _____

Currently Employed? _____ Employer Name _____

Employer Phone _____ Employer Address _____

Do you have health insurance? _____ If yes, please complete following:

Insurance Company Name _____ Are Prescriptions Covered? _____

Please list other organizations contacted regarding financial aid (Social Services, Catholic Charities, etc.)

Agency _____ Contact Person _____

Date of Contact _____ Benefits Received _____

Total Monthly Income _____

Monthly Expenses	Monthly Payment	Assets	
Rent/Mortgage	\$	Checking Account	\$
Child Care	\$	Savings Account	\$
Health Insurance	\$	CD's	\$
Transportation	\$	Other	\$
Food	\$	Other	\$
Utilities (Electric, Water, Gas, Phone)	\$		
Medical Bills/Other Debt	\$		
TOTAL	\$	TOTAL	\$

Income Source (Please check all that apply)

- Retirement/Pension
- Public Assistance
- Other Sources of Income
- Short Term Disability
- Unemployment
- Social Security Disability
- Interests & Dividends
- Salary

Please attach copies of the following:

Proof of residency for more than 1 year (i.e. lease agreement, deed, or tax return) and a Copy of photo ID

I certify with my signature that to the best of my knowledge the financial information I have provided is complete and accurate. I understand that the information I have given is subject to verification by Your Bosom Buddies II, Inc. I also understand that I am responsible to inform YBBII, Inc. of any change in my financial status. I further understand that YBBII, Inc. is a privately funded organization, that funds are limited and based on availability. The final determination of qualification for financial assistance is by the governance of its Board of Directors.

Applicant Signature

Witness Signature

Date