



Your Bosom Buddies II, Inc.
 23 D Bedford Court
 Royal Palm Beach, Florida 33411
 Yourbosombuddies2.org



Confidential Application for Beneficial Aid

Date ___/___/___

Applicant Name _____ Diagnosis Date _____ Type of Cancer _____

Address 1 _____ Date of Birth _____ SS# _____

Address 2 _____ Phone (home) _____

City, State, Zip _____ Alt Phone Number: _____

Number in Household: ___ Email : _____ Referred By: _____

Currently Employed? _____ Employer _____ Address _____

Phone _____ Contact _____

Do you have Health Insurance? _____ If **yes**, please complete the following:

Insurance Company Name _____ Are Prescription Drugs covered? _____

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

Agency	Contact Person	Date of Contact	Benefits Rec'd

INCOME INFORMATION: Total Monthly Income: \$ _____

Monthly Expenses	Monthly Payment
Rent/Mortgage	\$
Child Care	\$
Health Insurance	\$
Transportation	\$
Food	\$
Utilities (electric, water, phone)	\$
Medical Bills/Other Debt	\$
Total:	\$

Family Assets	
Checking:	\$
Savings/CD	\$
Other	\$
Total:	\$

Income Source (Please check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Retirement/Pension | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Other Sources of Income |
| <input type="checkbox"/> Short Term Disability | <input type="checkbox"/> Unemployment | <input type="checkbox"/> SSD (Disability) |
| <input type="checkbox"/> Interest and Dividends | <input type="checkbox"/> Salary | |

Please attach copies of the following:

Proof of residency for more than 1 (one) year (i.e. lease agreement, deed, or tax return)

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