



Just In Time Non-Profit Foundation

Application for Assistance

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Income (Primary Applicant)

PLEASE LIST THE AMOUNT PER MONTH FOR EACH

Place of Employment:	
Employment Income:	\$
Food Stamps / SNAP / SUNCAP:	\$
Unemployment income:	\$
Social Security:	\$
SSI:	\$
SSD:	\$
AFDC:	\$
Child Support:	\$
Other Income:	\$

Income (spouse)

PLEASE LIST THE AMOUNT PER MONTH FOR EACH

Place of Employment:	
Employment Income:	\$
Food Stamps / SNAP / SUNCAP:	\$
Unemployment income:	\$
Social Security:	\$
SSI:	\$
SSD:	\$
AFDC:	\$
Child Support:	\$
Other Income:	\$



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Expenses

PLEASE LIST THE AMOUNT PER MONTH FOR EACH

Rent / Mortgage:	\$
Electric:	\$
Cable:	\$
Phone:	\$
Water:	\$
Natural Gas:	\$
Car Payment:	\$
Car Insurance:	\$
House Insurance:	\$
Health Insurance:	\$
Medicines:	\$
Other Medical:	\$
Food:	\$
Clothing:	\$
Tobacco Products:	\$
Alcoholic Beverages:	\$
Does anyone else pay any of your living expenses? Y / N If yes, who? _____	



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Ethnicity

PLEASE MARK ONLY ONE ANSWER

Hispanic/Latino []	Non-Hispanic/Latino []	Don't Know []	Refused []
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Race

PLEASE MARK ONLY ONE ANSWER

American Indian or Alaskan Native []	Asian []	Native Hawaiian or Other Pacific Islander []	
Black/African American []	White []	Don't Know []	Refused []

Primary Language

PLEASE MARK ONLY ONE ANSWER

English []	Spanish []	Other []
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Homelessness

PLEASE MARK ONLY ONE ANSWER

Yes, I am homeless []	No, I am not homeless []	I'm not sure []	Refused []
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Military Veteran

PLEASE MARK ONLY ONE ANSWER

Yes, I am a veteran []	No, I am not a veteran []	Don't know []	Refused []
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Disabled Veteran

PLEASE MARK ONLY ONE ANSWER

Yes, I am a disabled veteran []	No, I am not a disabled veteran []
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Citizenship

PLEASE MARK AS NEEDED

US Resident? Y [] or N []	US Citizen? Y [] or N []
Immigrant? Y [] or N []	If immigrant, how long? _____



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Applicant Signature

PLEASE SIGN & DATE

Review this form to insure complete and accurate answers. Information will be verified, incomplete forms will be disqualified and not reviewed.

By signing this, you declare that all of the information is accurate and true. Any false statements are grounds for refusing assistance.

Signature: _____

Date: _____

Mailing Address

After signing please mail this form to...

Just In Time Non-Profit Foundation
P.O. Box 311379
Houston, Texas 77231

The Corporation is organized and shall be operated exclusively for religious, charitable, scientific, literary or educational purposes within the meaning of Section 501(C)(3) of the Internal Revenue Code of 1986, [hereinafter referred to as "the Code"], as that Section of the Code now exists or is hereafter amended (or the corresponding provision of any future United States Internal Revenue Law), and in furtherance of such purposes, but always subservient thereto, such purposes shall include the following: To support charitable, scientific, literary or educational undertakings by making contributions of cash or property, or both to organized charitable, scientific, literary or educational bodies or institutions within the meaning of Section 501(C)(3) of the Code.