DON'T GIVE UP

LEGACY FOUNDATION

Building Hope Today, Leaving Legacy Tomorrow

FAMILY CRISIS ASSISTANCE APPLICATION





BUILDING HOPE TODAY. LEAVING LEGACY TOMORROW.

We exist to uplift, inspire, and invest in the next generation so they never have to give up on their dreams.

Our foundation was created from a simple conviction: hope should be felt in real ways, at every stage of life.

We believe meaningful impact happens when care is personal, practical, and rooted in the value of every human life.

INSTRUCTIONS

1. Print this PDF and fill out all questions thoroughly.
2. Mail the completed application in a stamped envelope to:

   Don't Give Up Legacy
   5590 Summit Parkway
   San Antonio, TX 78229

3. If you need more space to write, may add blank pages to your response and include them when you mail.

QUESTIONS?

Email: info@dontgiveup.foundation

FAMILY CRISIS ASSISTANCE APPLICATION

APPLICANT INFORMATION

Full Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Address: _____

HOUSEHOLD INFORMATION

Marital Status (Check One): ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Adults in Household: _____

Children in Household: _____

Children's Names & Ages:

1. _____
2. _____
3. _____
4. _____
5. _____

FAMILY CRISIS ASSISTANCE APPLICATION

EMPLOYMENT & FINANCIAL INFORMATION

Currently Employed? (Check One): ☐ Yes ☐ No

Employer: _____

Monthly Household Income: $ _____

Other Sources of Income: _____

TYPE OF ASSISTANCE REQUESTED

☐ Rental Assistance

☐ Food Assistance

☐ Clothing Assistance

☐ Medical Assistance

☐ Utility Assistance

☐ Transportation Assistance

☐ Emergency Financial Assistance

☐ Counseling/Family Support Assistance

☐ Other: _____

FAMILY CRISIS ASSISTANCE APPLICATION

TELL US ABOUT YOUR SITUATION

Please explain your current hardship and how this assistance will help your family. Add pages here if you need more space to tell your story.

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OTHER ASSISTANCE

Have you received assistance from another organization? (Check One):
☐ Yes ☐ No

If yes, please explain: _____

_____

_____

REQUIRED DOCUMENTS

☐ Valid Government ID

☐ Proof of Current Address

☐ Lease Agreement (if applicable)

☐ Eviction Notice

☐ Utility Bill

☐ Medical Bills

☐ Proof of Income

☐ Other Supporting Documents

FAMILY CRISIS ASSISTANCE APPLICATION

PRAYER REQUEST (OPTIONAL)

How may we pray for you?: _____

_____

_____

APPLICATION CERTIFICATION

I certify that the information provided is true and complete to the best of my knowledge. I understand that submitting this application does not guarantee assistance.

Applicant Signature: _____

Date: _____