



Be Well My Friends (BWMF) specific purpose is to raise money for people, organizations, and charities of Downriver which require financial assistance by creating and hosting unique fundraising events.

Anyone requesting financial support must complete this form to be eligible for BWMF's services. Please print clearly or type. Completed forms should be mailed to Be Well My Friends at 2435 15th, Wyandotte, MI 48192 or emailed to bewellmyfriends501c@gmail.com. Please call (734) 530-1569 and ask for Brian if you have any questions.

Today's Date (MM/DD/YYYY): / /		ALL FIELDS ARE REQUIRED			
APPLICANT'S INFORMATION (IF DIFFERENT THAN DONATION RECIPIENT)					
Last Name:		First Name:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
Home Phone: ()	Cell Phone: ()	Email:		Can our administrative team text your cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred Contact Method: (multiple selections okay)			Birth date:	Age:	Sex:
Home Phone <input type="checkbox"/>	Cell Phone <input type="checkbox"/>	Email <input type="checkbox"/>	/ /		<input type="checkbox"/> M <input type="checkbox"/> F Person in need of help is: Child <input type="checkbox"/> Adult <input type="checkbox"/>
Street Address/Apt.:			City:		State:
					Zip:
Michigan County of Residence:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern or Arab American <input type="checkbox"/> Native American or Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Prefer Not to Answer				
Employment:					
<input type="checkbox"/> Employed- Employer Name _____ <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Student <input type="checkbox"/> Other _____					
Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____					
TOTAL HOUSEHOLD INCOME					
Mark below your total income , including alimony and child support, of all persons living in the household. You must provide copies of the following for anyone in the household with income: 1.) past 3 months checking and savings, Venmo, CashApp, PayPal and any other banking sources and 2.) your most recent Federal 1040 Income Tax Return. Medical bill invoices or utility statements may be requested to support your outstanding debt. To determine eligibility for financial assistance, BWMF uses the Michigan ALICE Survival Budgets Annual Totals [https://www.unitedforalice.org/state-overview/Michigan], not the Federal Poverty Level. Please mark below your total annual household income:					
<input type="checkbox"/> \$0-\$10,000	<input type="checkbox"/> \$10,000-\$20,000	<input type="checkbox"/> \$20,000-\$30,000	<input type="checkbox"/> \$30,000-\$40,000	<input type="checkbox"/> \$40,000-\$50,000	
<input type="checkbox"/> \$50,000-\$60,000	<input type="checkbox"/> \$60,000-\$70,000	<input type="checkbox"/> \$70,000-\$80,000	<input type="checkbox"/> \$80,000-\$90,000	<input type="checkbox"/> \$90,000-\$100,000	
<input type="checkbox"/> Over \$100,000					
REFERRAL INFORMATION					
How did you hear about BWMF's services?					
<input type="checkbox"/> Facebook <input type="checkbox"/> Internet search <input type="checkbox"/> social media, which _____ <input type="checkbox"/> Family Member or Friend, name _____ <input type="checkbox"/> Newspaper, which paper _____ <input type="checkbox"/> Other _____					

DONATION RECIPIENT'S INFORMATION (IF DIFFERENT THAN APPLICANT'S)

Donation recipient is same as applicant: Yes No

Last Name: _____ First Name: _____ Middle: _____ Mr. Miss Mrs. Ms. Marital status (circle one)
Single / Mar / Div / Sep / Wid

Home Phone: () Cell Phone: () Email: _____ Can our administrative team text your cell phone?
 Yes No

Preferred Contact Method: (multiple selections okay) Birth date: _____ Age: _____ Sex: _____ Person in need of help is:
Home Phone Cell Phone Email Mail / / M F Child Adult

Street Address/Apt.: _____ City: _____ State: _____ Zip: _____

Michigan County of Residence: _____ Race:
 American Indian or Alaska Native Asian Black or African American
 Hispanic or Latino Middle Eastern or Arab American
 Native American or Other Pacific Islander White or Caucasian Prefer Not to Answer

Employment:
 Employed- Employer Name _____ Unemployed Retired Disabled
 Student Other _____

Veteran Status: Yes No Comments: _____

ADDITIONAL FAMILY INFORMATION

Total Number of People in Household:
_____ Children _____ Adults

List Names/Birthdates of Children Still Living in Home of Recipient:

Name _____	DOB ___/___/___	Sex ___	Name _____	DOB ___/___/___	Sex ___
Name _____	DOB ___/___/___	Sex ___	Name _____	DOB ___/___/___	Sex ___
Name _____	DOB ___/___/___	Sex ___	Name _____	DOB ___/___/___	Sex ___
Name _____	DOB ___/___/___	Sex ___	Name _____	DOB ___/___/___	Sex ___

ADDITIONAL INFORMATION/COMMENTS

Please provide the amount of money that you are needing and any additional information on your current needs (add another page or write on back if more space is needed. BWMF will do our best to meet your needs, but we make no guarantees.

I certify that this information is true to the best of my knowledge and false statements of income will result in denial of my request. I agree to the terms listed above as of the date indicated below. I understand that Be Well My Friends is a non-profit, community organization. Provision of services is subject to approval by the BWFM Board of Directors and may be discontinued at any time with or without notice.

Signature _____ Relationship to Recipient _____ Date: ___/___/___