



Los Ojos de la Familia

7916 Ranchitos Loop NW
Albuquerque, NM 87113
505-362-6073

www.losojosdelafamilia.org

Assistance Application – Over \$300

APPLICANT GENERAL INFORMATION *(please print or type)*

Name: _____

Home Address: _____

Phone Home/Cell : _____ Email: _____

Total number of dependents: _____

If there are children living in the home, please list:

Are you a legal U.S. Resident? Yes No

Type of Assistance Needed: Education Other _____

How did you hear about Los Ojos de la Familia? _____

Have you previously received funds from Los Ojos de la Familia? Yes No If yes, when? _____

Please provide detailed description of assistance needed, reason for need, how much is needed, and when it is needed:

Please describe the extenuating circumstances that are creating your need for assistance, and how the assistance will help you move past your current situation:

Are you receiving assistance from ANY other private or government organization (i.e. charity, economic security, etc.)? Yes No If so,

from who? _____ how much? _____ how long? _____

from who? _____ how much? _____ how long? _____

from who? _____ how much? _____ how long? _____
