

## Los Ojos de la Familia

7916 Ranchitos Loop NW Albuquerque, NM 87113 505-362-6073 www.losojosdelafamilia.com

## **Assistance Application**

☐ General Assistance       ☐ Emergency Assistance – Nominating Board Member:         ☐ First Responders       ☐ AYDP         ☐ ARHVA		
APPLICANT GENERAL INFORMATION (please print or type)		
Name:		
Home Address:		
Phone Home/Cell: Email:		
Total number/age of dependents:		
Please provide detailed description of assistance needed, reason for need, how needed:	v much is needed, and when it is	
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	Continue on 2 <sup>nd</sup> page if needed	
CERTIFICATION and AUTHORIZATION		
I certify that, to the best of my knowledge, the information contained in this apauthorize Los Ojos de la Familia to obtain any relevant information from appromaking a determination on this application.  I understand that funding of my application, in full or in part, is wholly discretic	priate sources to assist them in onary on the part of Los Ojos de la	
Familia board members and the rationale for approval or denial will not be disc Signature of Applicant or Parent/Guardian (if under 18):	closed. Date:	



## Assistance Application Additional Description of assistance needed, continued from page 1

De La Familia	
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