



Application For Assistance

Name of Applicant: _____

Address: _____

Phone: _____ Email: _____

Relationship of applicant to deceased: _____

Name and date of birth of deceased: _____

Date and cause of death: _____

Please describe your current circumstances and financial need. Please be specific. (You may attach additional pages if necessary.)

Do you have any relationship to any members, officers, trustees or donors to the Foundation?
Yes ___ NO ___

Please attach the following documentation and return your completed application either by email to friendsofmaddie@gmail.com or via U.S. Mail to Friends of Maddie, 1534 North Moorpark Road, Suite 284, Thousand Oaks, CA 91360:

- ___ a copy of the death certificate
- ___ a copy of the deceased's birth certificate
- ___ a copy of your most recent income tax return Form 1040

If these documents are not available, please contact friendsofmaddie@gmail.com for acceptable alternatives.

Due to the large volume of applications we receive, your application will remain active for 12 months from the date it is received by the Foundation.