



# Jack's Family Grant Fund 2024 Application

## Applicant Information

Applicant Name: \_\_\_\_\_

*(i.e. Mother or Guardian of individual with Autism, or Self)*

Applicant Name: \_\_\_\_\_

*(i.e. Father or Guardian of individual with Autism, or Self)*

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

*Please provide proof of support for this income category  
(i.e. 2018 tax returns or 1 month worth of pay stubs)*

Gross Monthly Income: \_\_\_\_\_

*Please provide proof of support for this income category  
(i.e. 2018 tax returns or 1 month worth of pay stubs)*

1. Name of Individual Living with Autism: \_\_\_\_\_ Age of Individual: \_\_\_\_\_
2. Name of Individual Living with Autism: \_\_\_\_\_ Age of Individual: \_\_\_\_\_

## Household Information

1. What other forms of monthly income does your household receive? *(Please provide proof of support for these income categories)*

Child Support: \_\_\_\_\_

Retirement Income: \_\_\_\_\_

Alimony: \_\_\_\_\_

Workers Compensation: \_\_\_\_\_

Foster Care/Guardianship Subsidy: \_\_\_\_\_

Social Security Benefits: \_\_\_\_\_

State Aid *(Cash benefits)*: \_\_\_\_\_

Other: \_\_\_\_\_

2. What is your monthly rent/mortgage payment? \$ \_\_\_\_\_

- Please submit a copy of either lease agreement or mortgage statement

3. How many adults live in your household *(total)*? \_\_\_\_\_

- Do all adults contribute to the household income?  YES  NO

4. How many children live in your household *(total)*? \_\_\_\_\_

- What are their ages? \_\_\_\_\_

5. Please describe any hardships you may be facing which led you to apply for Jack's Family Grant?

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**Jack's Family Grant Fund**  
2024 *Application*

**Funds Requested**

**Individual #1**

Name of Vendor: \_\_\_\_\_ (Please note that a check will be made payable directly to the organization. The turnaround time is approximately two weeks after the JT Fortin Foundation has awarded Jack's Family Grants.)

Amount of Funds Requested: \_\_\_\_\_ (Must not exceed \$750 per individual)

What will the funds be used for?

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**Funds Requested**

**Individual #2**

Name of Vendor: \_\_\_\_\_ (Please note that a check will be made payable directly to the organization. The turnaround time is approximately two weeks after the JT Fortin Foundation has awarded Jack's Family Grants.)

Amount of Funds Requested: \_\_\_\_\_ (Must not exceed \$750 per individual)

What will the funds be used for?

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**Applicant Signature**

All sections must be completed, with all supporting documents in order for your application to be reviewed.

*By signing below I acknowledge that the information contained within this application is true and accurate.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_