



PO BOX 493 CAMDEN-WYOMING DE 19934  
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### Application for Assistance

Name

Date

Address

Phone Number

Email

*Our goal is to help as many people as possible. Our help is reserved for those that had a setback they had no control over. If we have helped you once, please understand that we will be unable to help you again with our limited resources.*

Describe situation/problem/diagnosis/ and most immediate need. Be specific. Include how our one-time help will get you past the problem for the long term. You may attach description or write below.

List Federal or State agencies you are receiving assistance from:

List private organizations you are receiving assistance from:  
(business, churches, other fundraising groups, etc.)

Has a fund been set up to help you? Yes  No

If yes, who administers the fund?

How did you hear about It's All Good in Delaware, Inc. **OR** who referred you?

Please list number of family members that reside with you and their ages.

List all sources of monthly income and amounts, include SSI:

List all monthly bills and amounts:

List past (3 yrs) and present employers and their phone numbers:

Have you been convicted of a criminal offense? Yes  No   
(Checking yes does not disqualify you from consideration for help. Omission of information will disqualify you.) If yes, please explain in detail with dates.

**Application process:** After receipt of your application, it will be reviewed by the beneficiary committee. If you are a candidate that meets the criteria of our mission statement, you will be contacted by a board member for more information.

**All medical and financial information will be held in the strictest of confidence by the Board of Directors of It's All Good in Delaware, Inc.**

Relationship, if any, to Board of Directors of It's All Good in Delaware, Inc.

Friend  Relative  Business Associate  Donor   
None  Other (Client...)

**The information provided to It's All Good in Delaware, Inc. is true and complete. I give my consent to It's All Good in Delaware, Inc. to make inquiries pertaining to this application.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

May we use your name and/or photo in future publications?  
(i.e. website, newspaper article, brochure, etc.)

Yes  No