



**KHBCCF**  
**PO Box 1462**  
**Shelton, WA 98584**  
**(360) 427-1336**

## **REQUEST FOR FUNDING**

APPLICANTS MUST RESIDE IN MASON COUNTY

Please Print Clearly

**Last Name**

**First Name**

**Middle Initial**

Previous Name:

Address:

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### **Please tell us about your financial situation:**

Total Household income before taxes \$ \_\_\_\_\_ per month.

How many people are supported by this monthly income? \_\_\_\_\_

Do you have health insurance: \_\_\_ Yes \_\_\_ No If yes, please specify carrier: \_\_\_\_\_

Are you employed? \_\_\_ Yes \_\_\_ No

If you are working, who is your employer? \_\_\_\_\_

Job description: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

### **Please tell us how you found the Karen Hilburn Fund:**

\_\_\_\_\_  
\_\_\_\_\_

(Please complete reverse side)

