

# Application for assistance due to Financial Hardship - Information



## Description of Assistance:

Assistance provided by the Accounting Your Blessings Foundation is meant to inform and assist recipients with their financial wellbeing. These services may include but are not limited to preparation of personal tax returns, assistance in preparing finances, or consultation with a trained tax professional. If you are unsure if we will assist with your needs, you may email us with questions about what we offer prior to applying.

## When Assistance Will Occur:

Assistance provided by the Accounting Your Blessings Foundation will occur on an as needed basis. We ask that all applicants are patient with us as we do have many applicants throughout the year. Priority of assistance is given based on needs and not on the date of application (i.e. someone in financial distress who applied today may receive assistance before a previously accepted applicant if their situation is deemed to be more dire).

If you are requesting that we assist you with a personal tax return, this may or may not occur in time for the normal due date of tax season. If we cannot assist you with preparing your tax return prior to the due date, we will instruct you on how to apply for an extension and all additional information required will be provided at this time. An extension will not excuse you from payment of taxes, and only gives you more time to complete and file the tax return document(s).

## What Happens Next:

After applying, we ask that you give us 7 to 10 business days to review your application. Once your application has been reviewed you will receive an email from our team with the results.

Should you be approved, we will introduce you to the volunteer accountant or tax preparer and they will request any pertinent information be sent to them via a secure upload link.

Should you be denied, and you feel that this was in error, you may ask us to reconsider your application via email. We ask that you attach a copy of your original application and describe in detail why you feel our decision was incorrect. Your application may be denied for lack of information, so please be thorough when explaining your financial situation, and why you believe you need free financial assistance.

## Service Disclaimer:

*Filling out an application does not guarantee services from the Accounting Your Blessings Foundation. Similarly, qualifying for services does not guarantee that you will receive them. We reserve the right to refuse service to anyone for any reason.*

*Please note that assistance is temporary. The Foundation recognizes that from time to time, people may need financial help. Financial assistance is meant to be temporary, and as such, you will be asked to reapply annually if you are in need of continued services.*

## Contact Us:

If you have any questions or concerns about the application process, please contact us.

[Info@accountingyourblessings.org](mailto:Info@accountingyourblessings.org)

<https://www.AccountingYourBlessings.org/>



# Application for assistance due to Financial Hardship - Personal



## Applicant Information:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
            First                                      Last                                      M.I.  
Mailing Address: \_\_\_\_\_  
                    Street                                      City                                      State                                      Zip  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Financial Information:

Employment Status: Full-Time / Part-Time / Unemployed / Other: \_\_\_\_\_  
Gross Annual Income: \_\_\_\_\_ Received Unemployment? Yes / No Amount Received YTD: \_\_\_\_\_  
Marital Status: Single / Married / Divorced / Other: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

## What assistance are you requesting?

## Reason for Application – Please describe your current financial situation:

By signing this document, I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may result in denial of the application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Please Fill Out and Email to [Info@AccountingYourBlessings.org](mailto:Info@AccountingYourBlessings.org)

# Application for assistance due to Financial Hardship – Business or NonProfit



## Applicant Information:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
            First    Last    M.I.

Mailing Address: \_\_\_\_\_  
                                    Street    City    State    Zip

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

## Financial Information:

Total Annual Gross Income: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Business Type: \_\_\_\_\_ Industry: \_\_\_\_\_

Other important information: \_\_\_\_\_

## What type of assistance are you requesting?

## Reason for Application – Please describe your current financial situation:

By signing this document, I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may result in denial of the application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name