

# FIGHT LIKE A DAD APPLICATION

## APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own    Rent <i>(Please circle)</i>	Monthly payment or rent:	How long?

## EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary <i>(Please circle)</i>	Annual income:

**WE BELIEVE IN YOU AND WANT YOU TO STAY STRONG... FIGHT LIKE A DAD!**

## SPOUSE/PARTNER INFORMATION

Name:		
Date of birth:	SSN:	Phone:

## SPOUSE/PARTNER EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary <i>(Please circle)</i>	Annual income:

## REFERENCES

Name	Address	Phone

## CHILDREN

Name	Name
Name	Name

## SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I understand that there is no guarantee I will be chosen. If we can help you we will contact you. If you are not chosen you will not be contacted but will be put in our file to hopefully help in the future.

**Please submit this form and a document detailing why you need financial help please.** Please submit a copy of any particular bills you need help with as well. All information will remain confidential. Fight Like a Dad has a hard job of choosing "Dads" to help and will try to help as many as possible. We ask you help us by sharing our events so we can raise funds to help "Dads." Stay tuned to [www.fightlikeadad.com](http://www.fightlikeadad.com) for upcoming events and information.

Signature of applicant:	Date:
Signature of spouse/partner:	Date: