

The Real Support Group of the PMC Inc. EIN# 27-2605233

APPLICATION FOR SUPPORT

All information you provide is kept strictly confidential

Incarcerated member

Last name _____ First name _____
Inmate number _____ Chapter _____

Income

List all household income from all sources

Wages and salary _____
Self employment income _____
Other compensation _____
Loan and rental income _____
Investment and interest income _____
Insurance and disability payments _____
Child support and alimony _____
Awards from legal proceedings _____
Payments of winnings _____
Support from other sources _____

Total _____

Monthly Expenses

Rent or mortgage _____
Electric _____
Fuel oil, propane, heat _____
Telephone-primary _____
Car payment _____
Child support payments _____
Child care _____
Insurance premiums _____
Unpaid medical bills _____
Other priority expenses-itemize _____
Other _____
Other _____
Other _____
Other _____
Other _____
Schedule C profit/loss _____

Total _____
Net Income _____

Please Note - You may be required to verify any information you provide on this application

The Real Support Group of the PMC Inc EIN# 27-2605233

Net Income = 10% or less of Gross Income? _____
How many fulltime household members? _____
How many have income? _____
How many under age 18? _____
Is any utility scheduled for disconnection? _____
Are you currently out of heating oil/gas? _____
Is foreclosure imminent? _____
Is there any medical emergency? _____
Describe any mitigating circumstances:

By signing below I aver all information I provided is true and that I agree to receive support pursuant to the terms and conditions of The Real Support Group of the PMC Inc.

Sign _____ Date _____ Phone _____

First name _____ Last name _____
Physical Street Address _____
Street Address 2 _____ Apt/Lot _____
City _____ State _____ Zip _____

Mailing Address (if different) _____
Mailing Address 2 _____
City _____ State _____ Zip _____

Complete and mail to:
The Real Support Group of the PMC, Inc.
Attn - Advisor
P.O. Box 88
Robesonia, PA 19551

Any and all support provided by this organization is dependant upon available funds. If available funds do not permit approval or continuation at any time, applicants and recipients will be notified in a timely manner, and those cases will be reviewed when funds are available.

Filed by _____ Approval Y ___/N ___ Date _____
Start _____ Re-evaluation _____ Closed _____