



Date: \_\_\_\_\_

RECLAIMING HOPE FOR WAR-TORN FAMILIES  
**TOLBERT REFUGEE ASSISTANCE FOUNDATION**

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Country of origin: \_\_\_\_\_ Are you a refugee? YES NO

Were you resettled by World Relief Aurora? YES NO Arrival date: \_\_\_\_\_

Are you currently receiving services from World Relief Aurora? YES NO

Are you currently receiving Public Aid? Food Stamps Cash Medicaid

Are you currently employed? Full Time Part Time Not Employed

Name of employer: \_\_\_\_\_ Wages: \_\_\_\_\_

Is your spouse currently employed? Full Time Part Time Not employed

Spouse's employer: \_\_\_\_\_ Wages: \_\_\_\_\_

Do you have dependent children? YES NO How many: \_\_\_\_\_

What are the ages of your children: \_\_\_\_\_

Are any of your children working? YES NO

Amount of money requested from TRAF: \_\_\_\_\_ Date needed: \_\_\_\_\_

Are you requesting a grant or a loan: \_\_\_\_\_

Describe why you need this money, what it will be used for, and why you are unable to pay for it on your own: (continued space on next page)

**Describe what you have done to try to meet this need on your own:**

**Personal References** (people who can verify this need)

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**I verify that the information provided is accurate to the best of my knowledge.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TRAF OFFICE USE:**

TRAF goals, objectives, & criteria met: \_\_\_\_\_

Request accepted or denied: \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to: TRAF 236 Plum St. Aurora, IL 60506**