



EMERGENCY/DISASTER  
AID

Global Charities Foundation, Inc.  
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Emergency/Disaster/Aid  
Application Form

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

How many in household? \_\_\_\_\_ Married: \_\_\_\_\_

Reason you are requesting Aid? \_\_\_\_\_

SSN#: \_\_\_\_\_

How long have you been disabled? \_\_\_\_\_ Working?  Yes  No

Were you in the military? \_\_\_\_\_ How long? \_\_\_\_\_ What branch? \_\_\_\_\_

Type of discharge? \_\_\_\_\_

Type of aid requested? \_\_\_\_\_

Type of aid received? \_\_\_\_\_

Applicant Certification:

I certify this application information is true, complete, and accurate. I understand that any inaccurate information of a substantial nature [provided as a part of this application will result in disqualification. If selected as a recipient. I grant permission for my information, name and/or picture to be used in press releases other media outlets identifying me as a recipient.

\_\_\_\_\_

Applications Signature

\_\_\_\_\_

Date

*Office Use Only*  
*Application Number*  
\_\_\_\_\_