

**CHRISTINE M. MCCAFFREY COMMUNITY EMERGENCY FUND  
APPLICATION FOR FINANCIAL ASSISTANCE**

BOX 486, YARDLEY, PA 19067-8486 PHONE: 215-970-2505 FAX: 215-752-0667  
www.mccaffreyfund.org

**BEFORE APPLYING, BE CERTAIN YOU MEET ALL OF THE FOLLOWING  
ESSENTIAL REQUIREMENTS:**

1. Must be a resident of Bucks County.
2. Financial need must be due to a critical or emergency situation. Examples of critical or emergency situations may include but are not limited to: storm damage, fire, flood, loss of spouse or child, serious health issues for applicant or another family member requiring extended care.
3. The McCaffrey Fund seeks to provide support to those who have a chance to be financially independent. Gainful employment or reliable income from an alternate source will weigh heavily in the committee's decision.
4. Applicant must have made an effort to contact other agencies before applying to the McCaffrey Fund. The name of the persons contacted and their phone numbers must be provided. The application will not be considered if this information is not given.
5. The following documentation is required along with the fully completed application:
  - Copy of lease or mortgage statement
  - Copy of front page of most recent tax return with the Social Security number blacked out
  - Copy of most recent pay stub and/or other source of income (including but not limited to Social Security, disability and unemployment payments)
  - Copy of most recent electric/gas bill, phone bill and cable bill
  - Copy of car payment and auto insurance bill
6. Support is offered on a one-time basis. If you have previously received funds, your application will not be considered.

**ADDITIONAL INFORMATION:**

1. Please be aware that applications for financial assistance will be processed in the order they are received. Since we are a volunteer organization, how quickly we are able to process an application will depend on the availability of our volunteers. You will receive a response.
2. If support is offered, no money will be paid directly to the applicant. Money will only be paid to the service provider.
3. The Fund does not deal with foreclosures or taxes. We do not pay security deposits.
4. All documents received from applicants not receiving funds are destroyed.
5. All information is confidential.

**APPLICATION IS AVAILABLE AT [WWW.MCCAFFREYFUND.ORG](http://WWW.MCCAFFREYFUND.ORG)**

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**THIS APPLICATION MUST BE FULLY COMPLETED TO BE GIVEN CONSIDERATION.**

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Circle one: **OWN / RENT** Monthly Payment: \_\_\_\_\_ Time at this Address? \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

**APPLICANT'S EMPLOYMENT INFORMATION:**

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position: \_\_\_\_\_ Circle One: **HOURLY / SALARY** Monthly Net Income: \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

How long have you been with this employer? \_\_\_\_\_

**NAMES OF ALL OTHER ADULTS (AGE 18 AND OLDER) IN HOUSEHOLD AND EMPLOYMENT STATUS:**

<u>Name</u>	<u>Age</u>	<u>Employment</u>	<u>Monthly Net Income</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**NAMES AND AGES OF DEPENDENTS IN HOUSEHOLD**

1. _____	Age _____	4. _____	Age _____
2. _____	Age _____	5. _____	Age _____
3. _____	Age _____	6. _____	Age _____

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**HOUSEHOLD EXPENSES (AMOUNT PAID PER MONTH):**

Rent/Mortgage \$ \_\_\_\_\_ Electric/Gas \$ \_\_\_\_\_  
Phone \$ \_\_\_\_\_ Cable \$ \_\_\_\_\_  
Car Payment \$ \_\_\_\_\_ Car Insurance \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

**ASSETS (LIST TOTAL AMOUNT FOR EACH OF THE FOLLOWING):**

Checking \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_  
IRA/Retirement \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**FINANCIAL ASSISTANCE (LIST TOTAL AMOUNT FOR EACH OF THE FOLLOWING):**

Rent Subsidy \$ \_\_\_\_\_ PECO Assistance \$ \_\_\_\_\_  
Food Stamps \$ \_\_\_\_\_ Disability \$ \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_ per \_\_\_\_\_ Social Security \$ \_\_\_\_\_  
Welfare \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_

**SOCIAL SERVICES (YOU MUST LIST ALL AGENCIES YOU HAVE CONTACTED)**

<u>Agency</u>	<u>Contact Person</u>	<u>Phone No.</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____



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How do you plan to become financially self-sufficient in the immediate future? \_\_\_\_\_

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**ADDITIONAL INFORMATION:**

**Do you have any outstanding claims with an insurance company?**

Circle one YES / NO      If yes, indicate amount: \$ \_\_\_\_\_

**How did you hear about the Christine M. McCaffrey Community Emergency Fund?**

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**I HAVE EXAMINED THE INFORMATION ON THIS APPLICATION. TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE PROVIDED IS TRUE AND COMPLETE.**

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE** \_\_\_\_\_

**TO SUBMIT YOUR APPLICATION:**

Fax to 215-752-0667 or mail to  
CHRISTINE M. MCCAFFREY COMMUNITY EMERGENCY FUND  
PO BOX 486  
YARDLEY, PA 19067-8486

**The Christine M. McCaffrey Community Emergency Fund is a 501 (c) (3) non-profit Pennsylvania registered Corporation. Our mission is to provide assistance to members of the Bucks County Community in non-recurring, critical or emergency situations when other support services have faltered or are not available.**