



425 South Tacoma Way  
 Tacoma, WA 98402  
 Phone: 253.284.4282  
 Fax: 253.250.0462  
 Rescue-mission.org/need-a-break-program  
 Brian.eggers@rescue-mission.org

**FOR OFFICE USE ONLY:**

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**GIFT APPLICATION**

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **How did you hear about us?** \_\_\_\_\_

**Select from the following:**

- I am elderly
- I am disabled
- I am a single working parent
- My family is facing an unexpected hardship
- I recently escaped homelessness
- I recently escaped domestic violence

What is your date of birth? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please check race:  African American  Asian/Pacific Islander  Hispanic  Native American  White

Have you previously applied to Need-A-Break for a gift?  Yes  No

Are you a veteran of the United States military?  Yes  No

How long have you lived at your current address? Years: \_\_\_\_ Months: \_\_\_\_ Do you own your home?  Yes  No

Household size: Adults: \_\_\_\_\_ Number of adults working: \_\_\_\_\_ Children: \_\_\_\_\_ ages \_\_\_\_\_

## Financial

Income source (if job, list employer names):  
\_\_\_\_\_

Telephone #: (    ) \_\_\_\_\_ Total household income: \$ \_\_\_\_\_ (monthly)

Other assets or accounts: \_\_\_\_\_ Value of other assets: \$ \_\_\_\_\_

Please list any unusual

expenses \_\_\_\_\_

Please list any disabilities we should be aware of when assessing your need: \_\_\_\_\_  
\_\_\_\_\_

**Applicants must also submit verification of household income.**

**Reference information** (please supply two references)

Name of relative/friend not living with you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Telephone number: \_\_\_\_\_ City/State: \_\_\_\_\_

Name of relative/friend not living with you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Telephone number: \_\_\_\_\_ City/State: \_\_\_\_\_

**Gift Requested** Check **one** of the following options and describe (attach add'l sheet if necessary):

Vehicle Repair: \$ \_\_\_\_\_ (estimated cost of repair)

○ Vehicle: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

○ Vehicle insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

○ Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

○ Explain suspected vehicle problem (**must be minor=under \$300 in cost**). 2-3 estimates will need to be turned in with application for final submission:

Household Needs/Furniture

○ List and describe items requested (*Pierce County residents only, verification of your address must also be submitted: this could include your lease*)

---

---

**Explain why this gift is necessary and what events led to your needing assistance-please tell us how this will make a transformation in your life and help you succeed: (please be detailed)**

---

---

---

---

---

---

---

---

---

---

Could you help with the costs in any way?

---

**Need-A-Break works closely with partner organizations in the community in order to serve our Applicant's best. We may share information from your application with another nonprofit organization if needed.**

I give Need-A-Break permission to release my information to its partner organizations if it is necessary and beneficial (sign below to verify)

---

Signature of Applicant