



P.O Box 33202
Tulsa, Ok 74153
(918)282-2362

Bill Assistance Application

Full Legal Name: First _____ Middle _____ Last _____

Preferred Name: _____

Address: _____ Phone: (____) _____

Marital Status: _____

Date of Birth: _____ SS# _____ Gender _____

D.L. State: _____ Number _____ Religious affiliation _____

Name of children and ages _____

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Are the children living with you? Yes or No

Are you currently employed? Yes or No

If Yes, Where are you employed and for how long?

If No, When were you last employed and where?

List **all** forms of current income including spouse income, SSI, child support (failure to do so will disqualify your application):

1. _____ 3. _____

2. _____ 4. _____

What is your total monthly income: _____?

What are your total month expenses _____? (rent, food, phone, car, insurance, electric, debts, child support etc.)

Do you receive SNAP benefits? Yes or No

Are you in public housing or voucher system? Yes or No

Important: for your application to be accepted you must include copy of ID as well as proof of any and all income and copies of monthly bills. We must be able to verify income and expenses. You must also submit a copy of the bill you are asking assistance with.



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Are you on disability? Yes or No
Are you or your children enrolled in Sooner Care?

Do you have a car? Yes or No

Have you received financial assistance from the Surayya Anne Foundation within the past year? Yes or No

What type of assistance are you requesting?

- Utilities
- Rent
- Medication
- Transportation
- Dental
- Other _____

What is the cutoff amount of the primary bill requiring financial assistance? _____
What is the cutoff date? _____

Have you contacted other agencies? Yes or No
-If you are Muslim, have you contacted the Islamic Society of Tulsa? Yes or No

Are you in need of food assistance? Yes or No

How did you hear about the Surayya Anne Foundation? _____

I, _____, certify that the above information is true and correct to the best of my knowledge. My signature authorizes the staff at the Surayya Anne Foundation to verify all information listed on this application including employers, other agencies, and other information provided unless otherwise noted.

Signature Date

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