

**NEW JERSEY BANKRUPTCY LAWYERS FOUNDATION
“NEW BEGINNINGS PROGRAM”
APPLICATION FORM**

Please provide accurate responses and documentation for all questions, to the best of Applicant’s ability, so that the NJBLF’s Grant Reviewers can make a decision on the Applicant’s request for funds to address the Applicant’s specific financial issue.

1. Name of Applicant’s Attorney: _____ Address: _____
Email: _____ Telephone Number: _____
2. Name of Applicant: _____ Address: _____
Email: _____ Telephone Number: _____
3. Name of Creditor and Payee: _____ Address: _____
Email: _____ Telephone Number: _____
4. The amount requested to satisfy the outstanding obligation or debt is \$ _____.
5. Please scan and attach all documentation relevant to the Applicant’s grant request including, but not limited to judgments, invoices, hearing notices, contracts and leases.
6. The deadline for payment of the obligation or debt listed above: _____. Please explain the reason for the deadline.
7. Please explain and provide additional supporting documentation to demonstrate how the grant, if approved, will resolve the Applicant’s current situation, *including confirmation that the Applicant likely will remain current with the payment obligations if the grant is approved.* Applicant should provide the last six months of bank statements and proof of the Applicant’s income and expenses, redacted as appropriate.
8. What efforts has Applicant made to obtain funding from other sources including family, other agencies and charities? Please provide documentation of those efforts.
9. Will any other persons such as dependent family members be impacted by this payment? Please identify those persons and the nature of the impact.
10. Has the Applicant applied to the NJBLF in the past? If the answer is yes, please indicate the date of the application and the outcome.
11. If there are any additional facts and circumstances which you believe would be helpful to support your application, please explain.
12. Payments, if approved, will be sent to the applicant’s address set forth in the response to number 2, above, by express mail. If payments must be sent to a different address, please explain the reason and indicate the address and the recipient.

NJBLF DISCLAIMER AND APPLICANT'S CERTIFICATION

I, _____, certify that the information provided in support of this application in response to numbers 1 through 12, above, is true and accurate. Moreover, I understand the limitations of and the criteria for funding as set forth in this paragraph. I understand that the New Jersey Bankruptcy Lawyers Foundation is under no obligation to provide funding in response to my request and that the selection criteria employed by the New Jersey Bankruptcy Lawyers Foundation has been established solely within its discretion. I further understand that the approval of this application is subject to the availability of funds. Ordinarily, the maximum to be allowed for applications is \$1,250; however, in extraordinary circumstances, including situations where there is a major impact on others or where the grant will have a long term significant effect on the Applicant's circumstances, the grant may exceed the sum of \$1,250 up to a maximum of \$2,000.

If this application is granted that Applicant agrees to participate in a follow up interview with a representative of the NJBLF to discuss the application process and the impact of the related payment on the Applicant's circumstances.

Signature of Applicant

Printed Name of Applicant

I have reviewed this application with the Applicant, _____, and the Applicant has provided me personally with the answers to numbers 1 through 12, above, and has been advised of the above and of the disclaimer by the New Jersey Bankruptcy Lawyers Foundation with regard to the criteria for consideration of and the limitations on the amounts available for such discretionary requests.

Attorney for the Applicant

Name of Office or Agency

If Applicant's Attorney was assigned on a Pro Bono basis, please provide copies of related referral correspondence.

Note that all communications with regard to this Application should be directed to: NewBeginnings@NJBLF.org. No correspondence should be directed to NJBLF@hotmail.com, nor to the Foundation's Administrator, nor to any other individual representative of the NJBLF.

[Below this line to be filled in by the NJBLF]

Date application was emailed to the NJBLF by Applicant's Attorney: _____.

Date approval/denial submitted by the NJBLF Grant Administrator to Applicant's Attorney: _____.

Date payment, if any, submitted to creditor/payee: _____.

If the application required more than three (3) days, subsequent to the date of submission by Applicant's attorney, to be approved or denied by the NJBLF together with the attendant payment, if any, please explain the circumstances:

