

John DeVore Charitable Application Form
First Option Bank Financial Services
702 Baptiste, Paola, Kansas 66071
913-259-2110

Please provide information as completely as possible and submit application with documentation to First Option Bank Financial Services. You may ask a staff member if you have any questions.

Personal Information

Last Name: MI: First Name:

Birth Date: SSN: Gender: Male Female

Residence:

City: County: State: Zip:

Telephone Number: Email:

Miami County residential status verified by attached:

How long have you lived in Miami County:

Marital Status:

Education:

Health Insurance:

Disabled *formally determined* by Social Security Admin: or VA:

Are you receiving: (Mark all that apply) SSI/SSDI Medicare Medicaid VA Disability

Housing Situation:

If Other:

Family Type:

Income Information

Income Type:

If Other:

How Often Paid:

Services Currently Receiving or Recently Received: (Mark all that apply)

- Early HeadStart/Headstart Section 8 Housing Choice Vouchers Weatherization

Please also include a copy of each of these required documents:

- Proof of Military Service (*i.e. Military ID card, LES or DD214*)
- Copy of Tax Return from previous year
- Driver's License

Type of Benefits requested:

Statement of need:

I certify this information is a full and complete disclosure of my household and income information, and has been provided to the best of my knowledge with no intent to commit fraud. I am also aware that the information provided is subject to review and verification and that I may be required to document its accuracy. I understand that any false statements could result in denial of application or termination of any benefits granted.

Signature: _____ Date: _____

If disabled, will be acting on my behalf. I authorize you to communicate with the above mentioned regarding any and all information pertaining to information on this form and any benefits received hence forth.

Signature: _____ Date: _____

(Authorized Person)

The application criteria are general in nature and First Option Bank reserves the right to amend, modify, or waive these criteria in whole or in part in keeping with the intended purpose of the Trust. The information contained in this document will be used by First Option Bank Financial Services and the Advisory Board for the John DeVore Charitable Trust in completing the project only. Use of information for any other purpose will be deemed as a breach of contact. First Option Bank Financial Services will not disclose to any person/organization that they are in possession of the information. Both parties have read all the terms and conditions of this agreement and give their consent to its execution.