



Project Love
Help and hope in time of need.

PROJECT LOVE GRANT APPLICATION

Client Information			FOR IRL USE ONLY	
Client Name		Date of Birth	Age	Date of Application
Address		Apt #	City/State	Zip
Phone (with area code)		Email Address		
History				
Has the client had a positive pregnancy test?		Where?		When?
Yes	No			
Baby's due date or birth date	Number of children			
Household Information				
Number of dependents living in household		Name(s)/age(s)/relationship(s) to client		
Married	Single	Name of father		Is father living in the household? Yes No
Separated	Divorced			
Is client living with other adults other than the father of the baby? Yes No		Are other adults in client's household sharing living costs with the client? Yes No		If so, how much?

Employment

Client's occupation	Client's employer		
How long with employer?	Estimated net monthly income		
Father's occupation	Father's employer		
How long with employer?	Estimated net monthly income		If not has client applied for court ordered child support? Yes No
If not living with the father of the baby, is the father providing child support? Yes No	If so, how much?		

Assistance and Support

Does client receive parental support? Yes No		Food Stamps / WIC? Yes No		Is client receiving support from church? Yes No	
TANF Grant? Yes No		Rental assistance? Yes No		If not, has client applied to the local housing authority for assistance? Yes No	
Unemployment? Yes No	Social Security/ Disability? Yes No		Reason for Social Security/Disability, and how long client has received it?		
Assistance from other charitable groups? Yes No	How much?	Has client applied for a Project Love Grant in the past? Yes No		If yes, when?	What was the result?

Health Care Information

Does client have health insurance? If yes, what type? Yes No		Employer paid? Yes No		Private Pay Insurance? Yes No	
Medicaid? Yes No		Affordable Care Act? Yes No			

Monthly Budget Analysis

CLIENT'S MONTHLY INCOME		CLIENT'S MONTHLY EXPENSES	
CLIENT'S NET MONTHLY INCOME		RENT/MORTGAGE	
FATHER'S NET MONTHLY INCOME/SUPPORT		GAS	
OTHER CHILD SUPPORT (SPECIFY)		WATER	
PARENTAL SUPPORT		ELECTRIC	
MONTHLY UNEMPLOYMENT		PHONE/INTERNET/CABLE	
TANF GRANT		AUTO PAYMENT/AUTO INSURANCE	
SOCIAL SECURITY/DISABILITY		GAS/TOLLS	
MONTHLY FOOD STAMPS/WIC/SNAP		TRAIN/BUS	
GOVERNMENT HOUSING ASSISTANCE		EDUCATION	
OTHER (SPECIFY)		HEALTH/LIFE INSURANCE	
		FOOD, INCLUDING FOOD STAMPS	
		CHILD CARE	
		CLOTHING	
		ENTERTAINMENT/ TOBACCO/ ALCOHOL	
		LAUNDRY	
		HAIR/NAILS/TOILETRIES	
		STUDENT LOAN PAYMENT/ COURT ORDER PAYMENT	
TOTAL MONTHLY INCOME		TOTAL MONTHLY EXPENSE	
SURPLUS or DEFICIT		TOTAL CREDIT CARD DEBT	

Request

Amount requested	Use of funds	When does client need the money?		
If request is for rent, how much is now due?	Check would be made out to landlord/ owner (not client). Write check to:			
Address/Apt #	City	State	Zip	Landlord phone (with area code)

Please type an account of the client's situation. Please explain fully why it is an emergency, what precipitated the crisis, what other attempts have been made to solve the problem, and why it is unlikely to reoccur.

Counselor Information

To the best of my knowledge all the information provided in this grant application is true and correct. I recommend this client to receive a Project Love Grant

Signature of counselor sending this request	Name (Please Print)		
Agency	Address		
City/ State/Zip	Phone	Date	
Counselor's e-mail (required in case we need to ask further questions)			

Client Signature Disclaimer

I certify that the information contained in this application is true and correct. I understand that if any false or fraudulent information has been provided, Illinois Right to Life will and can use legal recourse for return of the funds.

Project Love is a privately funded organization which provides grants to pregnant women or new mothers in a financial crisis. I understand that approval of this grant is subject to the sole decision of Illinois Right to Life's Project Love Grant Approval Committee.

The information contained in this document is confidential, privileged and has been obtained only for the purpose of funding a Project Love Grant for the client, and any information provided will not be used, published, nor redistributed without the client's permission.

Client's Name (Please Print)	Client's Signature	Date
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If you would like to give permission to the Project Love Grant Committee to share your personal story (your name is kept confidential) to promote Project Love and help raise money for other pregnant women and new mothers in need, check the box here.

(Please note: This will not affect the approval or disapproval of the application.)

PROJECT LOVE GRANT APPLICATION CHECKLIST

Complete and fill in all of the questions on the Project Love Application. If the question does not apply to the client, please write "N/A" or put a zero amount in the boxes.

Copy the client's government issued photo ID and include with the Project Love Application.

If requesting payment of rent, a copy of the lease must be sent with the application, showing the lessor, the lessee, the address of the rental property, the amount of the rent, the dates of the lease, and the signatures of both parties. You do not need to send the whole lease, just the page(s) showing the above items.

If requesting payment of a utility bill or another bill, please send a current copy of that bill, showing the date and the name and address of both the client and the creditor.

Scan or e-mail the completed Project Love Application and copies of the documentation to ProjectLove@IllinoisRightToLife.org

Please note: Project Love is a program of Illinois Right to Life that is funded entirely through the generosity of private donors. If you receive a grant from Project Love and wish to say thank you, notes can be sent to:

Illinois Right to Life
DBA/ Project Love
P.O. Box 511 Chicago,
IL 60690

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