

Golfing with Heart Spain

Foundation for needy children and
young people suffering from cancer



Relief application

Applicant

first name / last name

address

zip code / city

eMail

phone / fax

bank details

Recipient details (child)

last name

first name

date of birth

Diagnosis, description of the disease and details on the child's present medical condition

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familial and financial situation

(the financial situation has to be documented with a budget showing assets and liabilities, all revenues and expenditures as well as the balance due)

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Reasons for the required benefit claim

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Required benefit

Amount in EURO	
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All data are subject to data protection and will not be forwarded to third parties.

Certification from the official organization (cancer or other organization), which submits the application on behalf of the benefit recipient, or certification from the benefit recipient, if he submits the application himself, that all statements, transcripts and documentation are correct, complete and true.

signature	place and date
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Information to the budget of the family

(appendix to the relief application form)

Name of the child / Address of the family

first name / last name

address

zip code / city

eMail

phone / fax

bank details

Additional information

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Monthly revenues

Incomes	EURO
Net income of the husband Salary, pension/supplementary pension, income from independent work, unemployment benefit, sickness benefit* * Please underline where applicable	
Net income of the wife Salary, pension/supplementary pension, income from independent work, unemployment benefit, sickness benefit * Please underline where applicable	
Net income of other persons living in the same household Salary, pension/supplementary pension, income from independent work, unemployment benefit, sickness benefit * Please underline where applicable	
Child benefit of family allowance	
Child support / alimony	
Carer's or attendance allowance	
Support for livelihood	
Education allowance	
Other allowances	
Amount incomes	
Other monthly revenues	
e.g. rental income, accommodation allowance, interest/investment income * Please underline where applicable	
Please name other additional revenues/benefits you receive, which are not mentioned above:	
Amount other monthly revenues	
Total revenues	

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Expenditures

Fixed monthly expenditures

EURO

Rental payment or mortgage payment

Additional costs (electricity, heating etc.)

Telephone / TV licence fee / radio licence fee

Insurances

(Life insurance, health insurance, accident insurance, property insurance etc.) - please name the insurance and state the monthly fee you pay

Motor vehicle tax / motor vehicle insurance (at a monthly rate)

Child support / alimony

please mention for whom - e.g. son - this support is

Monthly installment deposits

(please indicate sum of the loan, reason of the loan and refund period):

Kindergarten, day nursery, child care expenses

(without costs for food)

Domestic aid

Other regular monthly payments - these are:

Total expenditures

deficit / surplus

Assets / estate

Debts

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Costs which arise due to the illness of the child and which are not covered by the health insurance or another official institution

EURO

Monthly cost for travelling to the hospital (outpatient care of your child or visiting your child in the hospital)

Number of kilometers between home and hospital (there and back)_____

_____number of rides per month (there and back)

Cost for food (per month) when the parents stay with their child at the hospital; cost for special food for the child (germ-poor) during or after the chemotherapy

Income losses (if a parent has to reduce the work schedule, has to suspend or wholly to abandon the work due to the illness of the child - it is important to prove how the salary was before the illness of the child)

If you have further costs or expenses due to the illness please specify them here:

Total of the additional costs due to the illness of the child

signature

place and date

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Appendix

Additional information

