association des assurés april

ÉCOUTER - AGIR - SOUTENIR

Application for Social Assistance

declaration of honour

Send back this application to

Mail soutien@associationdesassuresapril.fr

Your personal details

Full name	Date of birth	Occupation	Monthly income

Your household

Full name	Date of birth	Relation to you (Spouse/ child)	Occupation	Monthly income

Your housing

Your housing ☐ Landlord ☐ Tenant ☐ Other Monthly cost .....

Your situation

Use this space to give more information about yourself and the reason for submitting this application and anything else you think we might need to know.

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I declare that to the best of my knowledge and belief all the particulars given on this form are true.I claim assistance accordingly.

Date .....

Signature .....