Date\_\_\_\_\_\_\_\_\_\_

**APPLICATION FORM**

Please complete the form as accurately as possible to allow us to process your application. The form should be completed by both spouses who live together as a family unit. An application for a single parent or single individual should be filled in by one person.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **Spouse 1** | | | | | | | | | | | | **Spouse 2** | | | | |
| First name | | | | |  | | | | | | | | | | | |  | | | | |
| Last name | | | | |  | | | | | | | | | | | |  | | | | |
| ID number | | | | |  | | | | | | | | | | | |  | | | | |
| Date of birth | | | | |  | | | | | | | | | | | |  | | | | |
| Country of origin | | | | |  | | | | | | | | | | | |  | | | | |
| Year of aliya | | | | |  | | | | | | | | | | | |  | | | | |
| Telephone home: | |  | | | mobile | | | | |  | | | | | | | mobile | | |  | |
| Place of work | | | | |  | | | | | | | | | | | |  | | | | |
| Position at work | | | | |  | | | | | | | | | | | |  | | | | |
|  | | | | |  Employee  self employed | | | | | | | | | | | |  Employee  self employed | | | | |
| Gender | | | | |  male  female | | | | | | | | | | | |  male  female | | | | |
| Family status/personal status | | | | |  bachelor  married  divorced  widow(er)  separated | | | | | | | | | | | |  bachelor  married  divorced  widow(er)  separated | | | | |
| other (please elaborate): | | | | | | | | | | | | other (please elaborate): | | | | |
| Address | | |  | | | | |  | | |  | | | | |  | | |  | | |
| Street | | | | | Number | | | City | | | | | POB | | | Zip code | | |
| E-mail address (if you wish to receive e-mail) | | | | | | | | | | | | | | |  | | | | | | |
| Number of children in the family | | | |  | | | Number of children living at home | | | | | | |  | | | | Do you have a file in the social services department? Yes  No | | | |
| How did you hear of Paamonim?  family  work  friends  social services  Internet  media (electronic or written)  law court | | | | | | | | | | | | | | | | | | | | | |
|  Other (please elaborate): | | | | | | | | | | | | | | | | | | | | | |
| Paamonim uses digital methods of communication. Please indicate which means of communication are best for you: | | | | | | | | | | | | | | | | | | | | | |
|  Internet  Excel  E-mail  Over Internet phone (Skype etc)  File attachments | | | | | | | | | | | | | | | | | | | | | |
| We prefer: Personal/Group coaching  A learning workshop  One-time consultation  I don't have a preference. Paamonim will do the upmost to meet your request according with the options available in your living area and according to the recommendation received following our acquaintance call with you. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | |  |  | | | | | | | |  |
| **Monthly Expenses** | | | | | | | | | **Total** | | |  | Monthly Income | | | | | | | | **Total** |
| Housing | Mortgage | | | | | | | |  | | | Income Spouse 1 | | | | | | | |  |
| Rent | | | | | | | |  | | | Income Spouse 2 | | | | | | | |  |
| Communication(Landline and mobiles) | | | | | | | | |  | | | Child allowance | | | | | | | |  |
| Car (insurance, petrol, parking) | | | | | | | | |  | | | Disabled stipend | | | | | | | |  |
| Food | | | | | | | | |  | | | Rental support | | | | | | | |  |
| Education | | | | | | | | |  | | | Alimony/child support | | | | | | | |  |
| Clothing | | | | | | | | |  | | | Income from property | | | | | | | |  |
| Other expenses (Electricity, water, local authority taxes) | | | | | | | | |  | | | Additional stipends from the National Insurance Institute (dependents stipends, pensions, unemployment benefits, guaranteed minimal income) | | | | | | | |  |
| Alimony/child support | | | | | | | | |  | | |  | Additional income | | | | | | | |  |
| Monthly debt repayments | | | | | | | | |  | | | Parental support | | | | | | | |  |
| **Total Expenses** | | | | | | | | |  | | | **Total Income** | | | | | | | |  |
|  | | | | | | | | | | | |  | | | | | | | | |
| **Debts – General (Total amounts, not monthly repayments)** | | | | | | **Total** | | | | | | Should you encounter difficulty in completing the forms, please call the Family Service Center for assistance: 03-9127150. | | | | | | | | |
| To banks (not mortgages) | | | | | |  | | | | | | It is compulsory to attach to your application a photocopy of your ID + attachment. | | | | | | | | |
| To other bodies | | | | | |  | | | | | | Your application can not be processed without the required forms as well as a photocopy of your ID and supplement. | | | | | | | | |
| To gray market | | | | | |  | | | | | | The application handling process may take several working days. We therefore appreciate your patience. | | | | | | | | |
| **Total Debts** | | | | | |  | | | | | | \*The board is not obligated to accept your application. | | | | | | | | |

**In order for us to process your application please answer all the following questions:**

1. What were the difficulties which made you apply to Paamonim?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What will help you deal with the difficulties and what are your expectations from Paamonim?

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1. What would you consider a success at the end of the process with Paamonim?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How did you get into debt?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you receiving other sources of help? (therapists / other organizations / gemachim / other). Please elaborate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is any legal action being carried out against you?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please elaborate regarding the background of your application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What savings and property do you own? (apartment, car, Keren Hishtalmut (Advanced Study Fund), savings, other)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In which language do you prefer to receive Paamonim's support? **** **English** **** **Hebrew**

**For your information, Paamonim requires your full commitment to the process including participation in meetings and implementation of assignments.**

Mr and Mrs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As signatories below, we hereby affirm our agreement to receiving advice and guidance from Paamonim as an organization.

We understand that this advice and guidance is given on a voluntary basis and is not necessarily given by professionals in the field.

We release the Paamonim organization and all who work under its auspices (including students, volunteers and the like) from all responsibility relating to the advice and guidance given to us, and we waive any objection and/or claim in this regard.

After reading the above and understanding its significance, we affirm our agreement.

We are aware that we have no legal obligation to provide information, and that we are providing this information by our own free will. The information will be stored in Paamonim's data-base or on its behalf, and will serve the organization in the event of future contacts with us to provide advice and general guidance. The organization will be permitted to grant access to this information to its workers and volunteers for the sole purpose of supporting the family, and to any other body for assistance with the family's economic recovery process.

Spouse 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID \_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID \_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send the form to the Family's Service Center:

POB 211 Beit El 90631 ,Fax: 03-9127151 or e-mail: [family@paamonim.org](mailto:family@paamonim.org)