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**KEREN CHAIM YONAH**

*HELPING WIDOWS AND ORPHANS*

**קרן חיים יונה**

*עזרה לאלמנות ויתומים*

בס"ד

Keren Chaim Yonah requires that you complete this short questionnaire so we have the information to determine if your circumstances fit the criteria of our organization.

Please complete as much as possible, if you feel there is anything else we should know that will support your case in our evaluation, please attach an additional page with your written or typed explanation.

Keren Chaim Yonah  
9190 W. Olympic Blvd, Suite 345  
Beverly Hills, CA 90212

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Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence: Owned / Rented? \_\_\_\_\_ No of Children in family: \_\_\_\_\_

Was there any life insurance? Yes / No \_\_\_\_\_ If yes, How much? \$ \_\_\_\_\_

Date of Passing: \_\_\_\_\_ Place of Burial: \_\_\_\_\_

Cause of Passing: \_\_\_\_\_

Current Monthly income \$ \_\_\_\_\_ Source of income: \_\_\_\_\_

Average monthly Expenses: \$ \_\_\_\_\_ (please details expenses on separate sheet)

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**Make automatic contributions.**

*Your contributions are 100% Tax-deductible.*

*Keren Chaim Yonah is a registered 501 (c) (3) Charity.*

Donate online:  
**www.helpky.org**

**RELATIVES:**

Grandparent(s) Name(s): (paternal) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Country: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Tel Number: \_\_\_\_\_ Age(s): \_\_\_\_\_

Email: \_\_\_\_\_

Business (current or prior): \_\_\_\_\_

Are they actively supporting the family? Yes/No

9190 W. Olympic Blvd, Suite 345, Beverly Hills, CA 90212 USA  
7506 Silver Woods Ct, Boca Raton, FL 33433, USA  
29 Leabourne Road, London, N16 6SU, United Kingdom

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Grandparents Name: (maternal) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Country: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Tel Number: \_\_\_\_\_ Age(s): \_\_\_\_\_

Email: \_\_\_\_\_

Business (current or prior): \_\_\_\_\_

Are they actively supporting the family? Yes/No

Uncle / Cousin / Other \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Country: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Tel Number: \_\_\_\_\_ Age(s): \_\_\_\_\_

Email: \_\_\_\_\_

Business (current or prior): \_\_\_\_\_

Are they actively supporting the family? Yes/No

Please list on additional page any other persons whom the committee of Keren Chaim Yonah may contact that could be of assistance to this family. We respect the privacy of those requesting support and will exercise our utmost professionalism while contacting them.

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship to family: \_\_\_\_\_

Date: \_\_\_\_\_ Daytime Tel: \_\_\_\_\_ Evening Tel: \_\_\_\_\_