



COVID -19 FUND APPLICATION

The purpose of this questionnaire is to enable the committee to make the best decisions for the distribution of funds to those persons who need it most. Please answer as accurately as possible, and if you choose not to answer any particular question you are free not to do so. All the information which you provide will be confidential to the committee. When replying please provide a copy of your identification card/passport and any supporting documents which you choose to share. **Please reply no later than 18/09/2020 by email to r.boruch@outlook.com**

Full Name

Address

Telephone Home

Mobile

E-mail address

Date of birth

Occupation

How have you been effected by covid-19?

Did you lose your employment/business/income because of covid-19?

Did you receive Bituach Leumi in the absence of employment?

How many people are dependent on your employment/business/income?

What was your income before covid-19 effected your life?

What is your monthly expenditure? Please specify.

Do you own assets such as real estate in Israel and /or abroad?

Are there members of your family who can assist you financially?

Have you received any financial covid-19 related aid from the Government of Israel or from any other

source?

Is there any other information you would like to bring to the attention of the committee?

Signature.....

Date.....

We will notify you if your application has been approved. It will not be necessary/helpful to contact us otherwise.

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