



**The Onyx & Breezy Foundation**  
P.O. Box 656, Tuxedo Park, NY 10987 (201-782-7400)  
www.onyxandbreezy.org

## Questionnaire

**Applicant:**

Name \_\_\_\_\_ Age: \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Age: \_\_\_\_\_

Children \_\_\_\_\_ Ages: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Have we assisted you before? Yes No

If so, what was the approximate Date? / / How did we assist you? \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Own Home: Yes No Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Market Value: \_\_\_\_\_ Mortgage Amount: \_\_\_\_\_ Total monthly payment including taxes: \_\_\_\_\_

**Applicant Employment:**

\_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Position: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

**Spouses/Employment:**

\_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Position: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

Other sources of Income: \_\_\_\_\_ Investments (including savings): \_\_\_\_\_

Other Debt: College: \_\_\_\_\_ Credit Cards: \_\_\_\_\_ Other (List) \_\_\_\_\_

Vets name & number: \_\_\_\_\_ Pets name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Approximate money spent on animal care (not including Routine Medical cost): \_\_\_\_\_ Do you have Pet insurance? Yes No

What are you requesting for a donation? Please explain:

The above statements are true & factual.

Sign Name \_\_\_\_\_

\*\* Please include copy of Tax Return / Financials Statements & Proof of Non-Profit Status with application.  
We are a non-profit 501( c ) ( 3 ) organization