



Recipient Application

Infinite Acts of Kindness (IAK) is a nonprofit organization that enhances the personal and professional development of low income single mothers. The purpose of this application is to determine whether an applicant qualifies as a recipient to receive goods and services from IAK.

Are you a single mother? Yes No

Name: First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Cell (_____) _____ Work (_____) _____

Email _____ Fax (_____) _____

Optional:

Date of Birth: Month _____ Day _____ Year _____ Race: _____

Employer _____ Title _____

Address _____

City _____ State _____ Zip _____

Education (check all that apply): High School College Trade School Military

Institution _____ City/State _____ Major _____

Military Branch _____ Concentration _____

Name of Child _____ Age _____ Grade _____

Name of Child _____ Age _____ Grade _____

Name of Child _____ Age _____ Grade _____

Please select the item(s) that you are requesting:

IAK Care Package* Career Counseling Academic Scholarship

**The IAK Care Package includes accessories, clothing and/or shoes. The contents of the Care Packages may vary based on the availability of merchandise and sizes. Please select your size among the following items that are currently available in our boutique:*

Weight: _____ Height: _____ feet, _____ inches

Bra size: _____ Waist size: _____ Hip size: _____

Shirt/Blouse: 5/6 7/8 9/10 11/12 13/14 15/16 17/18

Blazer: 5/6 7/8 9/10 11/12 13/14 15/16 17/18

Sweater: Extra Small Small Medium Large Extra Large

Casual shirt: Extra Small Petite Small Small Medium Large Extra Large



Jeans: []2 Regular []3 Medium []7 Medium []8 []12 []12 Long []14
Casual Pants: []2 []4 []5/6 []7/8 []9/10 []11/12 []13/14 []15/16 []17/18 []20
Dress Pants: []2 []4 []5/6 []7/8 []9/10 []11/12 []13/14 []15/16 []17/18 []20
Skirt: []7/8 []9/10 []10 Petite []11/12 []15/16
Casual dress: []2 []5/6 []7/8 []9/10 []13/14
Skirt Suit: []7/8 []9/10 []11/12 []13/14 []15/16
Pant Suit: []4 []7/8 []9/10 []11/12 []14 []16 []18W
Shoes: []9 []9 •• []10 []11

ELIGIBILITY REQUIREMENTS

Applicants must meet the following criteria:

- Be a single mother currently residing in the United States;
- Be a single mother who is considered low income based on the guidelines established by the U.S. Department of Housing and Urban Development. For income limits in your county/city, please visit: <http://www.huduser.org/datasets/il.html>; and
- Provide proof of income (e.g., TANF, recent pay stub, social security or SSI statement, etc.).

Declaration

I understand that this Recipient Application does not create any obligation on behalf of Infinite Acts of Kindness (IAK). I understand that the information provided will be used to determine approval of my Recipient Application. I acknowledge that all the information provided is truthful and falsification of information is grounds for permanent disqualification from the program. Items received from IAK are for the recipient's use only and not permitted for resale. Recipients will not hold IAK liable for any goods or services received.

By signing below, I acknowledge that all statements provided in this application are true and complete to the best of my knowledge. I hereby authorize IAK and its assigned representatives to verify information provided in this application.

Signature

Date

Print Name

Please mail your completed application to:

Infinite Acts of Kindness
P.O. Box 151
Sealston, VA 22547

If you should have any additional questions please contact Andrea James at:

Phone: (703) 969-1135

Email: info@InfiniteActsOfKindness.org

IAK is a tax-exempt 501(c)(3) public charity under the Internal Revenue Service Code.