

Project Yechi Application



Name: _____

Address: _____

City, State, Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Medical Condition: _____

Being Treated At (Hospital): _____

Referral # 1: _____

Phone #: _____ Relationship: _____

Referral # 2: _____

Phone #: _____ Relationship: _____

Synagogue Affiliation: _____

Name/Phone # of Synagogue Rabbi: _____

Do You Own a Home? Yes No (Go to rent)

Monthly Mortgage Payment: \$ _____

Account Number: _____

Name of Mortgage/Bank: _____

Address: _____

RENT (if applicable):

Are you renting? Home Apartment

Monthly Payments: \$ _____

Account Number: _____

Name of Realtor/Landlord: _____

Address: _____

Please submit rent/mortgage stub with your application. All letters must be addressed to Project Yechi, 554 Churchill Road, Teaneck NJ 07666

Referral Agency: _____