



1256 East 26th Street Brooklyn, NY 11210

Applications for:
Williamsburg
c/o Mrs. Klein
Phone: 845-357-2543

Dear Applicant,

Mazel tov upon the upcoming simcha! Thank you for your interest in Yad Batya L'Kallah.

Yad Batya L' Kallah has been providing kallahs with household necessities *b'seser* for over twenty six years *l'illui nishmas* Batya Rachel (Zakheim) Brecher *a"n*. This hachnasas kallah package consists of:

2 pillows	2 sets of flatware- service for 8
2 quilts	toaster oven
2 sets of patterned linen- size full (48") or twin (39")	food processor
Farberware pots	towels- (2 large bath, 2 small bath , 12 kitchen in assorted colors for meat and dairy)
Mikasa fina china- service for 8	<i>+\$ 200 gift certificate to Saposh Lingerie</i>
set of Corelle service for 8	

Additionally, we coordinate with many other organizations which provide assistance with makeup on the day of the wedding, furnishings, sheva brachos clothing, etc. Approval from Yad Batya L' Kallah qualifies you to apply to other organizations with the same ID number. (Details will be provided once approved.)

Yad Batya assesses each request confidentially for eligibility. To facilitate this, please fill out the following form and return it by fax to the fax number above as soon as possible. Allow two weeks for the application process. The more information provided, the faster the approval can come through. Feel free to include any additional information that is vital to this application. **Print clearly in dark ink in order that the information will be legible.** Please be assured that all information remains completely confidential.

Yad Batya L' Kallah

Yad Batya L'Kallah APPLICATION

PRINT CLEARLY

Date: _____

KALLAH Kallah's name: _____

Check if kallah's sibling has previously received YBLK assistance. Year: _____

Father's name: _____ Mother's name: _____

Address: _____

Kallah's Address (if different than family): _____

High School and/or seminary attended: _____

(Approximate) Year of graduation: _____

Shul Affiliation: _____ Rav: _____

Phone Number of Rav: (_____) _____

Employed family members and their occupation:

Father- _____

Mother- _____

Kallah- _____

Additional info.(number of children in family, financial or medical issues, *chv"sh*, extenuating circumstances) _____

References for family of Kallah:

- A Rav (other than shul) familiar with the financial situation:

_____ # _____ - _____ - _____ Affiliation: _____

- Other references such as a principal, teacher or *askan/ gabbai tzedaka* familiar with the situation:

_____ # _____ - _____ - _____ Affiliation: _____

_____ # _____ - _____ - _____ Affiliation: _____

CHOSSON Chosson's name: _____

Father's name: _____ Mother's name: _____

Address: _____

Shul Affiliation: _____ Rav: _____

Employed family members and their occupation:

Father- _____

Mother- _____

Chosson- _____

Date of **Wedding**: _____

Hall: _____ City, state, country: _____

Where will the chosson and kallah be living? _____

Are you receiving/ applying for assistance for other g'mach? Please specify _____

Contact Person: (This is the person responsible for the application, to be contacted for all other questions/ communication)

Name: _____ Relationship to Kallah: _____

Phone Number: (_____) _____ Do not call past _____ am/pm

Email Address: _____

Fax Number: (_____) _____ Call before faxing(Y/N) Do not fax past _____ am/pm

Address: _____ City, State, Zip: _____

-----FOR OFFICE USE ONLY-----

ID#: _____ APP FAX: _____

Date: / /

DELIVERY INFO: date _____

Authorized: _____

Name: _____

Address: _____

Telephone: _____

Linen: _____

RETURN THIS APPLICATION BY FAX TO 718-858-5931

