

Humanitarian Fund Assistance Application*

Humanitarian Fund Member? Yes	_ No Hav	re you been a member longer th	nan 6 months?
Effective Date of Membership	Length of Service a	EJGHInte	erview Date
Name	Addre	288	
City	State	Zip Code	
Home Phone Wo	ork Phone	Other Phone/Page	er
Position De	partment	Supervisor	
Social Security Number	Part-time	Full-time	Other
Referral Source			
Previous Use of Humanitarian Fund? Yes_	No	(If yes, complete below.)	
Date	Money U	sed For	Amount
1			\$
2			<u> </u>
3			<u> </u>
Describe catastrophe and give reason assistan	nce is needed.		

^{*} Proposed Fund Need: Total Financial Need: \$_____ Amount Requested: \$_____

Members of Household: List all persons living with you.

	Name	Age	Relationship	Employer
1				
2				
3				
4.				
0				

Income for all Per	OME sons in Household ount per Month)		ENSES List Amount per Month)	
Self	\$	Rent	\$	
Self (second job)	\$	House Payment	\$	
Spouse	\$	Utilities	\$	
Spouse (second job)	\$	Phone	\$	
Roommate	\$	Insurance	\$	
Child Support	\$	Child Support	\$	
Alimony	\$	Alimony	\$	
Retirement	\$	Food	\$	
Disability	\$	TOTAL	\$	
			MONTHLY	TOTAL DEBT
Medicaid	\$	Department Stores	\$	
Food Stamps	\$	VISA	\$	
Other	\$	MasterCard	\$	
TOTAL	\$	Other Credit Cards	\$	
		Furniture	\$	
ASS	ETS	Appliances	\$	
Savings	\$	Automobile	\$	
Investments	\$	Medical Doctor	\$	
Credit Union	\$	Hospital	\$	
Tax Sheltered Annuity	\$	Loans	\$	
PDOs	\$	Other	\$	
Sick Days	\$	TOTAL		
Other	\$			
TOTAL	\$	GRAND TOTAL OF EXPENSES	\$	

If Illness/Accident is Involved, Please List:

Type of Illness/Accident:					
On-the-Job Injury? Yes	No	If Yes, Please Explain:			
Hospitalization Dates:			Doctor's Name(s):		
		Available Sick Time:			
Date of Last Paycheck:		nefits:			
Types of Insurance Coverage Yo	u Curre	ntly Have (e.g., Health, Homeowners, A	uto, Dis	ability):	
Team Memb	ers SH	IOULD Take The Following Action	s (If Ap	plicable),	
I	Prior To	Submitting This Application For Re	eview		
LISTED BELOW ARE MANY CONTACTS THAT					
MAY BE ABLE TO		DETAIL OF BEODONOE		REASON YOU DID NOT	
PROVIDE YOU WITH	YES	DETAILS OF RESPONSE RECEIVED	NO	CONTACT FOR	
ASSISTANCE. HAVE YOU CONTACTED ANY OF THE		112 021 (22		ASSISTANCE	
FOLLOWING?					
Creditors					
Insurance Company					
FEMA					
Red Cross					
Credit Union					
Lending Agencies					
Legal Assistance					
Employee Assistance Program					
Credit Counseling					
Shelters					
Community Service Agency (specify)					
Food Stamps					
Disability Application Filed					
Church Contributions					
Others					
	•	Other Comments			
I agree to accept Humanitarian	Fund h	elp if appropriated and available. I cer	tify the i	nformation given is true and	
correct to the best of my knowle	dge. I i	understand that all information contained	ed withir	this application will remain	
	d only b	y those individuals who are involved in	fund ad	ministration and who have a	
specific need to know.					
Signed		Dat	e		