

Union Local Family Resource Center
Request for Emergency Financial Assistance

Supervisor: _____

Work Phone Number: _____

Monthly Income: _____

Actively Seeking Employment: **Yes** **No**

Name: _____

Date of Birth: _____

Employer: _____

Supervisor: _____

Work Phone Number: _____

Monthly Income: _____

Actively Seeking Employment: **Yes** **No**

Name: _____

Date of Birth: _____

Employer: _____

Supervisor: _____

Work Phone Number: _____

Monthly Income: _____

Actively Seeking Employment: **Yes** **No**

Name: _____

Union Local Family Resource Center
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Date of Birth: _____

Employer: _____

Supervisor: _____

Work Phone Number: _____

Monthly Income: _____

Actively Seeking Employment: Yes No

List the names and ages of all children under 18 in your household.

_____	_____
_____	_____
_____	_____
_____	_____

Please identify anyone in your household who is disabled and the nature of their disability.

Are you receiving _____ social security
 _____ disability payments
 _____ welfare or food stamps

Does everyone in your household have medical insurance? _____

If no, who does not have medical insurance? _____

Reason for request for financial assistance

What is the reason for your assistance request?

What community resources have you used in the past year? (example: Community Action, Jobs and Family Services, Churches, Schools, other charities, etc.)

Have you requested assistance from Union Local Family Resources before?

____yes ____no

If yes, when and for what purpose? _____

Disclaimer: I understand that the information I provide will be used only to determine financial need and will be kept confidential. I further understand that the information which I submit concerning my family income and family size is subject to verification by Union Local Family Resource Center including, as necessary, obtaining financial information from employers and other sources. I understand that if any information I have given is determined to be false, it may result in Union Local Family Resource Center declining my request for assistance. My signature authorizes Union Local Family Resource Center to verify all information provided on this form. I certify that the above information is true and accurate to the best of my knowledge.

Signature: _____

Date: _____