EMERGENCY FINANCIAL ASSISTANCE APPLICATION

Name: Roll # Date:

Address:

Mailing Address City State Zip

Physical Address City State Zip

Phone #

Letter of Request

Please explain your emergency due to extenuating circumstances beyond your control as to why you are requesting emergency assistance.

Please include the following:

- Explain the nature of your emergency
- What caused you to need help
- Explain in **detail** what you are requesting assistance for
- You must provide *a detailed bill or estimate* for services you are requesting. We pay to vendor only-we *do not reimburse* for services.

Please answer the questions below:

1. Including yourself, how many members live in your household?:
2. List how many household members are under the age of 18 years old?
3. List how many household members above the age 18 in your household currently work including yourself?:
4. Are you currently receiving food stamps? If so, list how much.:
5. List any other income sources you and or any other household members currently have? (i.e. SSI, Unemployment, rental income, dividends, stock, stipends, alimony, child support, per capita):
6. Are you currently attending an educational or training program?:
7. What other funds or resources have you used for this current emergency?: Please list all: (i.e. LiHeap, Social Services, food banks, general assistance, direct employment)
8. How many miles do you and each of your household members travel to and from work on a daily basis?:

Explain your emergency below in detail.

Applications turned in without details are subject to denial for lack of information.

SIGNATURE: