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. How many household members are under the age 18 years old? _____
3. How many household members above the age 18 in your household currently work including yourself?:_____
4. Are you currently receiving food stamps?: _____
5. What other income sources do you and or other household members currently have? (i.e. SSI, Unemployment, rental income, dividends, stock, stipends, alimony, child support, per capita):_____
6. Are you currently attending 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:

SIGNATURE: