



**JOHN COUGHLIN HOPE FUND  
OF UNITED WAY ST. CROIX VALLEY  
FUND APPLICATION**

**APPLICANT INFORMATION** - Is it okay to leave an email/voicemail (circle)? YES | NO

|         |                  |
|---------|------------------|
| Name    | Application Date |
| Address | County           |
| Email   | Phone            |

**AGENCY INFORMATION**

|             |               |
|-------------|---------------|
| Agency Name | Staff Contact |
| Email       | Direct Line   |

**HOUSEHOLD INFORMATION** *Please list ages in household*

| Number of Children in Household<br>Ages 0-17 | Number of Adults in Household<br>Ages 18-64 | Number of Elders in Household<br>Ages 65+ |
|--|---|---|
|  |   |   |

**MONTHLY INCOME** – *Estimates acceptable*

**MONTHLY EXPENSES** – *Estimates acceptable*

|   |           |   |           |
|---|-----------|---|-----------|
| Employment – Applicant & Spouse/Partner | \$        | Rent or Mortgage  | \$        |
| Child Support Received                  | \$        | Utilities ( <i>heat, water, etc.</i> )                                  | \$        |
| Federal/State Health Benefits           | \$        | Cable or Internet   | \$        |
| SSI/SSDI                                | \$        | Cell Phone  | \$        |
| FoodShare Assistance                    | \$        | Car Payment & Insurance   | \$        |
| Assistance from other Agencies/Programs | \$        | Gas/Public Transportation   | \$        |
| WIC Assistance (please circle one)      | Yes   No  | Medical Bills ( <i>total amount</i> )                                   | \$        |
| Other                                   | \$        | Health Insurance  | \$        |
| Other                                   | \$        | Childcare   | \$        |
| Other                                   | \$        | Basic Living Expenses ( <i>Food, Diapers, Wipes, Toiletries, etc.</i> ) | \$        |
| Other                                   | \$        | Other   | \$        |
| <b>TOTAL</b>                            | <b>\$</b> | <b>TOTAL</b>  | <b>\$</b> |



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**TYPE OF ASSISTANCE REQUESTED**

|                     |                |                       |                  |                |                         |           |
|---------------------|----------------|-----------------------|------------------|----------------|-------------------------|-----------|
|                     | <b>Housing</b> | <b>Transportation</b> | <b>Utilities</b> | <b>Medical</b> | <b>Amount Requested</b> | <b>\$</b> |
| Other (please list) |                |                       |                  |                |                         |           |

Please list other community agencies the applicant has explored and the status of their request:

| <b>Agency Name</b>                                   | <b>Funding Amount</b> |
|--|-----------------------|
|  | \$                    |
|  | \$                    |
|  | \$                    |
|  | \$                    |
|  | \$                    |
| <b>Amount APPLICANT IS PAYING TOWARD THE EXPENSE</b> | <b>\$</b>             |

**PROVIDE A BRIEF ACCOUNT OF THE CURRENT SITUATION**

*Please describe the situation and the need for supportive funding. Please share how this is a unique circumstance that will not occur in the future.*

**REQUIRED DOCUMENTATION**

You will be asked to provide additional documentation. A list of the required documents for each category is:

- **Housing** - Rent/Deposits/Mortgage Payments
  - Copy of rental/lease agreement/mortgage statement
  - Copy of notice of late payment or Eviction
  - As part of your application from the John Coughlin Hope Fund, staff will contact the landlord/owner to verify information that is pertinent for the application.
- **Transportation** - Car Repair/Insurance/Impound/Car Payments
  - Wisconsin Driver's License – current and not expired
  - Car Insurance – current and not expired
  - Estimate for Repair



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- **Medical Expenses** – CPAP Machine, Dental Work, Medication
  - Copy of overdue/late payment notice
  - Copy of Expected expenses
- **Utilities** – Electric, Gas, Phone
  - Copy of notice of late payment or Disconnection Notice
  - Evidence of personal payment history for previous 6 months (examples of payment history include: Xcel Energy's Energy Assistance Portal or case worker's confirmation from utility company)
- **For all other categories**
  - Please provide a Statement of Cost/ Quote

| Would Applicant like a 211 I&R Specialist to follow-up on any other needs? |                     |                           |                      | Yes | No |
|--|---------------------|---------------------------|----------------------|-----|----|
| Childcare Assistance   | Employment Services | Mental Health Resources   | Disaster Information |     |    |
| Food Support   | Legal Assistance    | Transportation Assistance | Crisis Help          |     |    |

**RELEASE OF INFORMATION**

I certify that the information provided in this application is true and that any funds I receive will be used for the purpose stated in this application. I authorize United Way St. Croix Valley and agency representatives to verify and communicate any information contained in this application or about my situation to assist me. UWSCV will maintain your confidentiality and will not release your information to other agencies without your consent. By signing below, or giving verbal consent, I authorize UWSCV to use my name and other information necessary in processing my request. I hereby waive and release any and all claims whatsoever that I, my legal representatives, or heir might have or hereafter have against United Way St. Croix Valley, its employees and agents.

Client Signature \_\_\_\_\_

Date: \_\_\_\_\_

Client gave verbal consent