

Applicant Information

Date: ____/____/____

First Name		Last Name	
Address, City, State, Zip			
Email		Phone	
Number of children (ages 0-17) in the household	Number of adults (ages 18-64) in the household:	Number of seniors (ages 65+) in the household:	
Total monthly income (estimates acceptable):		\$	
Total monthly expenses (estimates acceptable):		\$	
Types of Assistance Requested <i>(check all that apply)</i> : _____Housing _____Transportation _____Utilities _____Medical _____Other If other, please list:			
Dollar amount requested:		\$	
Please describe the situation and need for supportive funding.			
Amount the applicant is paying towards the expense:		\$	

Please list any other community agencies explored, and status of requests.

How did you hear about this program?

_____211 _____Operation HELP _____Salvation Army _____Our Neighbors' Place
_____WESTCAP _____FSET _____Other (please list)

Supporting Documents

To streamline your application, please include the following documents. Examples:

- Rent Payment Assistance: Lease copy
- Utility Assistance: Overdue bill copy
- Car Repair Assistance: Quote from professional auto shop

Release of Information

Is it okay to leave a voicemail at the number provided? Yes / No

I certify that all information provided in this application is accurate and that any funds received will be used for the stated purpose. I authorize United Way St. Croix and Red Cedar Valleys (UW Valleys) and its representatives to verify and communicate information related to this application as needed to assist me.

UW Valleys will maintain the confidentiality of my information and will not share it with other agencies without my consent. By signing below or providing verbal consent, I authorize UW Valleys to use my name and other relevant information to process this request.

I waive and release any and all claims that I, my legal representatives, or heirs may have against UW Valleys, its employees, and agents.

Signature: _____

Date: ____/____/____