 **Nelson Unity In Community**

**Application for Financial Assistance**

**Only one application will be considered by UIC during a 365 day period. Allow at least 5 days for delivery if mailing an application. UIC requires 48 hours to respond to requests. Consider emailing your application to nelsonuic@gmail.com.**

**Date**  \_\_\_\_\_\_\_\_\_\_

**Referred by**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Numbe**r \_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information**

**Name**:

**Address**:

Street City State Zip code

**Phone**: Home Work Cell

Preferred contact number: May we leave a message? Yes No

**Gender**: Male \_\_\_\_\_\_Female Date of Birth (mm/dd/yyyy)

**Race/Ethnicity**: Black/African American White \_\_\_\_\_Hispanic/Latino \_ Other or Mixed

**Marital Status**: Married Single Separated Divorced Widow(er)

**Housing Status**: Rent Own Share Homeless Shelter

**Type of Transportation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Status**: Not Working Part-Time Full-Time Seasonal Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_

How did you hear about our organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Information**

Please list all household members below: Total Number in Household:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name | First Name | Birth date | Gender | Relationship |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Assistance Request (Please give details and reason help is needed at this time. Our response will be affected by the completeness of information provided. Add another sheet if necessary.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Household Financial Information

|  |  |  |
| --- | --- | --- |
| **Monthly Income of all in household Household** | **Additional Resources** | **Monthly Expenses** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Earned #1 | |  | Food Stamps | |  | Rent | |  | |
| Earned #2 | |  | W.I.C. | |  | Food | |  | |
| SSI | |  | Fuel Assistance | |  | Electric | |  | |
| SSA | |  | Rent/Mortgage Aid | |  | Gas/Fuel Oil | |  | |
| TANF | |  | Tax Relief | |  | Water/Sewer | |  | |
| Pension | |  | Food Bank | |  | Phone | |  | |
| Disability | |  | Medicare | |  | Car | |  | |
| VA | |  | Medicaid | |  | TV | |  | |
| Unemployment | |  |  | |  | Day Care | |  | |
| Other | |  |  | |  | Medical | |  | |
| **Total Income** | |  |  | |  | Clothing | |  | |
| If there is no income, explain how bills are being paid and who is paying them. | |  |  | |  | Laundry | |  | |
|  | |  |  | |  | Insurance | |  | |
|  | |  |  | |  | Credit Card | |  | |
|  | |  |  | |  | Miscellaneous | |  | |
|  | |  |  | |  | **Total Expenses** | |  | |
| **Utilities** | **Provider** | | | **Account Number** | | | **Amount Owed** | |
| Electric |  | | |  | | |  | |
| Rent |  | | |  | | |  | |
| Gas/Oil |  | | |  | | |  | |
| Telephone |  | | |  | | |  | |
| TV |  | | |  | | |  | |

**If you have a disconnect notice note that applications require 48 hours to process after they are**

**received by the Executive Board.**

If you are requesting help with an electric bill, please sign the authorization form below to allow Unity in Community to discuss your account with your electric company.

I give Central Virginia Electric Cooperative/Appalachian Electric Power/Dominion Electric Power (circle one) my permission to discuss my account with a representative of Unity in Community.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information I have provided is true to the best of my knowledge. I give permission to UIC to share information with other individuals or organizations that may be able to help.

Signature \_\_ Date

Mail Completed Application to: Nelson Unity in Community or Email to: nelsonuic@gmail.com

P.O. Box 55 Phone: 434-277-8842

Roseland, VA 22967

**Executive Board Use Only:**

Date of Initial Interview/Visit:

Information Taken By: Reviewed By:

Action Taken:

Financial Assistance Approved

Amount: $

Other Assistance Approved (Describe):

Referred to: Request Denied - Reason

Signed:

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