



## Emergent Financial Assistance Application

Request for emergent financial assistance is limited up to \$100 per eligible household. Individuals/Families may only apply once per year.

Date: \_\_\_\_\_ Requested funding amount: \_\_\_\_\_

Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Organization that referred you: \_\_\_\_\_

Primary Contact Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ County \_\_\_\_\_

Email Address \_\_\_\_\_

**Race/Ethnicity** How do you describe yourself? (Please circle the one option that best describes you)

American Indian or Alaska Native	Asian or Asian American
Black	White
Hawaiian or Other Pacific Islander	Hispanic or Latino

**Marital Status** (Please circle the one option that best describes you)

Married	Divorced
Widowed	Separated
Never been married / Single	A member of an unmarried couple / In a relationship

**Employment status**

Employed for wages	Self – Employed
Out of work for more than 1 year	Out of work for less than 1 year
Student Full Time	Student Part Time
Homemaker	Retired
Other:	

**Family size** (How many children live in your household who are...)

Less than 5 years old?                      5 through 12 years old?                      13 through 17 years old?

**Emergent Financial Assistance is needed for: (Please check one box)**

	Lunch Money – Students K-12		School Fees K-12 or College Students
	Sport or Work Physicals		Birth Certificates – needed for Work or School
	State ID – needed for Work or School		Other Minor Emergent Need – please explain:
	Clothing / Uniforms – needed for Work or School		Household / Toiletry / Baby Items (Not to exceed \$30)
	Individual Bus Tickets – needed for Work or School (Not to exceed 5)		Application Fees – needed for Work, School, or Housing

**\*\*\*\*\*MUST provide documentation of need when returning this application or it will be denied.**

Applicant MUST be employed FT or PT for at least 6-months – must provide income verification (paystubs or employment verification on company letterhead)

**\*\*\*\*\*MUST provide income verification when returning this application or it will be denied.**

The Emergent Assistance Fund is available to help meet the needs of households in either Clayton, DeKalb, Fulton or Gwinnett Counties on their journey towards self-sufficiency. Funds are limited. Any assistance provided **must** meet or satisfy the need. Emergent Financial Assistance can't be used to pay towards the needs requested above. Applicants may only apply once per year. Applicants may not apply for the same emergent need each year. Application processing is 5-7 business days.

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I am giving true and complete information to the best of my knowledge. I also understand my household may receive Emergent Financial Assistance only once per year and may not apply for same emergent need each year. I understand that the information provided on my application may be verified.

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

**Please return form and documentation to:**

- \*\*\* Email: AccountAnalyst@yahoo.com
- \*\*\* Mail: 4160 Logan Drive, PO Box 1629, Loganville, GA 30052
- \*\*\* Questions 678-902-5239

<p>For Office Use Only:</p> <p>----Date Recvd</p> <p>----Approved    ----Denied</p> <p>NOTES:</p>
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