|  |  |
| --- | --- |
|  | Unknown Angels Foundation |

# Application for Assistance

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | DOB: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |
| --- | --- | --- |
| When is assistance needed? |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of assistance you are applying for:  | Financial[ ]  | Emotional support[ ]  | Other[ ]  | If Other, explain: |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you a citizen of the United States? | YES[ ]  | NO[ ]  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony? | YES[ ]  | NO[ ]  |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Previous Employment

|  |  |  |
| --- | --- | --- |
| Company: |  |  |

|  |  |
| --- | --- |
| Job Title: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |
| --- | --- |
| Company: |  |

|  |  |
| --- | --- |
| Job Title: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

## Miscellaneous questions

|  |  |  |
| --- | --- | --- |
| Currently receiving assistance from other sources? | YES[ ]  | NO[ ]  |
| If yes, explain: |  |
| Do you have any drug or alcohol addictions?  | YES[ ]  | NO[ ]  |
| If yes, explain: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Assistance requested for:  | Individual[ ]  | Family[ ]  |  |

|  |  |
| --- | --- |
| What is your situation?For example, why are you requesting assistance and what do you think qualifies you to receive assistance from us? If there is not enough space, please attach a second piece of paper with the answer. |  |

|  |  |
| --- | --- |
| What do you need and what is it that you are expecting? |  |
| Is there anything else you think we should know? Other habits, addictions, struggles, etc?  |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application results in being assisted by Unknown Angels Foundation, I understand that false or misleading information in my application or interview may result in immediate withdrawal from any and all assistance.

If this application is rejected by Unknown Angels Foundation, I understand that it is not because of any discriminatory reasoning, but is because I was not qualified according to the policies and procedures set forth by Unknown Angels Foundation.

I understand that the information given to Unknown Angels Foundation is confidential and will not be released to anyone without my permission.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Additional notes: