|  |  |
| --- | --- |
|  | 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: