

**NEIGHBOR TO NEIGHBOR FUND**

**Application**

The Neighbor to Neighbor program goal is to provide financial assistance to individuals or families who are experiencing a short-term, unexpected financial crisis. In addition to funds being available, the program can also include specialized case management and support for you as you work to recover from the situation that has caused the financial need.

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

Amount of financial assistance needed: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Is this need: ❑ one-time ❑ recurring

If recurring, how frequently and for how long? (e.g., monthly for three months) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What circumstances have occurred that have created this financial need? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Household Information

“Household” includes all individuals who share use of a dwelling unit as primary quarters for living.

* How many adults (18 yrs and older) currently live in the household? \_\_\_\_\_\_
* How many children (under 18 yrs) currently live in participant’s household? \_\_\_\_\_\_

Employment Information

What is your current employment status?

* Employed more than full-time (overtime or more than one job)
* Employed full-time
* Employed part-time
* Working and in school or job training
* Laid off/furloughed, waiting for call back – If so, when do you anticipate being called back? \_\_\_\_\_\_\_\_\_
* Currently in school or job training
* Currently seeking employment
* Homemaker, not seeking employment
* Disabled, not seeking employment
* Retired, not seeking employment

Current employer, school, or job training program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Financial Assistance

From what other sources, if any, have you sought financial assistance?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source | Amount | Considering Applying | Have Applied | Have Received |
|  | $ | ❑ | ❑ | ❑ |
|  | $ | ❑ | ❑ | ❑ |
|  | $ | ❑ | ❑ | ❑ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Household Monthly Budget | |  |  |  |  |
|  |  | |  |  |  |
| Income | | |  | Expenses | |
| Source #1: | $ | |  | Rent/Mortgage | $ |
| Source #2: | $ | |  | Renter/Homeowner Insurance | $ |
| Source #3: | $ | |  | Gas/Electric | $ |
| Source #4: | $ | |  | Water | $ |
| Total Income | $ | |  | Phone/Internet | $ |
|  |  | |  | Cell Phone | $ |
|  |  | |  | TV (cable, Hulu, etc.) | $ |
|  |  | |  | Food/Groceries | $ |
|  |  | |  | Gasoline | $ |
|  |  | |  | Car payment | $ |
|  |  | |  | Car maintenance/repair | $ |
|  |  | |  | Car insurance | $ |
|  |  | |  | Other #1: | $ |
|  |  | |  | Other #2: | $ |
|  |  | |  | Other #3: | $ |
|  |  | |  | Other #4: | $ |
|  |  | |  | Total Expenses | $ |

What additional information, if any, would you like us to know about your situation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

I (we) certify that the above statements are true, accurate and complete to the best of my (our) knowledge and belief. I (we) agree to notify Waunakee Neighborhood Connection in writing upon any material change in the information provided herein, and further acknowledge that Waunakee Neighborhood Connection will continue to regard this statement as true and complete until receipt of such written notification. This application and any attachments will remain the property of Waunakee Neighborhood Connection. I (we) authorize Waunakee Neighborhood Connection to obtain income and credit verification. We understand that this information will be kept confidential.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of co-applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach: ❑ Proof of income received in the last 30 days for all members of household over 18 years of age

❑ Proof of layoff/furlough (if applicable)

❑ Proof of food stamps, TANF, or other assistance programs