



Emergency Funds Request

ALL INFORMATION MUST BE COMPLETE FOR CONSIDERATION

Date: _____ Referral Organization: _____

Name of Person Referring: _____

Head of Household Name: _____
Name Phone

Spouse/Significant Other: _____
First Last

Address: _____
City, State, Zip: _____
Phone: _____ Contact: _____
Daytime # Alternate Contact Name & Phone #

Requested Need: _____

Number of people in household: _____

Approximate cost for need: _____ Amount applying for: _____

Others helping with need & Amounts: _____

Amount Client is contributing: _____

BRIEF DESCRIPTION OF FAMILY'S SITUATION AND/OR STRUGGLES:

IS THIS FAMILY RECEIVING ANY OTHER ASSISTANCE? YES NO UNKNOWN

If yes, please explain: _____

CLIENT PERMISSIONS & UNDERSTANDINGS:

- I grant permission to the Heartland United Way staff to contact relevant partners & people in order to evaluate this request.
- I understand that signing this form doesn't guarantee the application will be accepted.
- This is a one-time need and I have a plan going forward without extra assistance.

If you agree with the statements above, please sign below:

Client Signature Date **REQUIRED prior to assistance**

FOR OFFICE USE ONLY

Date:	Service Provided:
Receipts Attached:	Amount:
Approved:	

Please email this form to: valerie@heartlandunitedway.org

Or drop this form off at: Heartland United Way | 1441 N. Webb Road | Grand Island, NE 68803
p: 308-382-2675 | f: 308-382-2679

Fill this out to the best of your ability. We need to see a picture of what a month is like for you.

MONTHLY INCOME			EMPLOYMENT			
			Individual 1		Individual 2	
Income	Current	Projected	Employer:			
Income earned from any type of work			Hourly wage:	\$		
Child Support			Hours of work per week			
ADC			Employer:			
Alimony			Hourly wage:	\$		
Friends/Family			Hours of work per week			
Financial Aid for schooling						
SNAP			Are you out of work because of COVID-19?	Yes	No	
Social Security			Have you applied for Unemployment?	Yes	No	

Total Gross Income: _____

Total Net Income: _____

MONTHLY LIVING EXPENSES					
Expense	Current	Projected	Expense	Current	Projected
SAVINGS			FAMILY		
Emergency Plan			Life Insurance**		
HOUSING			Day Care/Baby Sitting		
Rent/Mortgage			Diapers		
2nd Mortgage/Mobile Home Space			Allowance/Spending Money		
Property Tax			Alimony/Child Support**		
Renters/Homeowners Ins			EDUCATION		
Home Furnishings			Tuition/School Expense (if not covered by financial aid)		
Repairs & Improvements			Music or Other Lessons		
UTILITIES			Student Loans		
Electricity/Gas/Water					
Trash					
Expense					
FOOD	Current	Projected	Expense	Current	Projected
Groceries/Household Supplies					
Food Bought at Work			ENTERTAINMENT		
School Lunches			Movie Rentals/Netflix		
TRANSPORTATION			Dining Out		
Car Payment #1			Sports/Hobbies		
Car Payment #2			Vacations		
Gasoline			Lottery/gambling		
Auto Insurance			PERSONAL		
Maintenance/Tires			Hair Cut/ Nails		
Registration/Licenses			Toiletries/Cosmetics		
Parking/Carpool			Tobacco/Alcohol/Drugs		
CLOTHING			BUNDLED SERVICES-List here----->		
For the Family			Phone		
Laundry			Cable/Satellite		
HEALTH CARE			Internet		
Health Insurance**			MISC		
Doctor/Dentist/Eye Care			Pet Care		
Prescriptions			Other Debts/Garnishments		
Other					
YOU MUST INCLUDE: Your bill, lease, eviction notice, shut-off notice, etc. with application!			Total Income		
			Total Expenses		
			Total Left per month		