

BENEVOLENCE APPLICATION

NAME: _____

ADDRESS: _____

PHONE: HOME: _____

CELL: _____

NUMBER OF PEOPLE IN YOUR HOUSEHOLD: _____

YOUR EMPLOYER: _____

SPOUSES EMPLOYER: _____

MONTHLY INCOME: WORK: _____
FAMILY: _____
GOVERNMENT: _____
OTHER: _____

TOTAL MONTHLY INCOME: _____

MONTHLY EXPENSES: RENT / MORTGAGE: _____
ELECTRICITY: _____
LP / GAS: _____
VEHICLE 1 PAYMENT: _____
VEHICLE 2 PAYMENT: _____
ANY OTHER LOANS: _____
CREDIT CARDS: _____
HEALTH INSURANCE: _____
AUTO INSURANCE: _____
ANY OTHER EXPENSES: _____

TOTAL MONTHLY EXPENSES: _____

AMOUNT OF ASSISTANCE REQUESTED: _____

WHICH ABOVE EXPENSE WILL THE ASSISTANCE HELP? _____

HOW LONG DO YOU EXPECT TO NEED ASSISTANCE? _____

WHAT EVENTS HAVE LED TO THIS NEED? _____

DO YOU EXPECT THIS NEED TO CONTINUE? _____

PLEASE INCLUDE ANY ADDITIONAL INFORMATION THAT WILL ASSIST THE UDC BENEVOLENCE COMMITTEE IN PROCESSING THIS CLAIM: _____
