



APPLICATION FOR ASSISTANCE \$1,000 MAXIMUM

Tell us about who you are and where you live

Date of Application:	
Applicant Name:	
Current Mailing Address:	
Home Phone:	
Cell Phone:	
Email Address:	
Is anyone applying on your behalf?	
If Yes – Please provide name and Phone Number	

The following information is collected to be sure that everyone is served fairly without regard to race, color, or national origin. The information provided will not affect your eligibility or benefit amount

Tell us what you need assistance with and why?

i.e. Utility bills, rent/mortgage, medical bills, medication, travel expenses for doctor visits, car payments	
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What is your diagnosis?

(Please provide MRI Report, Pet Scan Report or Letter from Oncologist)

I certify that above information along with any attachments are true and complete to the best of my knowledge. I understand that this application must be approved by the majority of the Board of Directors at C.U.C.F and that I (of the person that applied on my behalf) will be notified if approved.

I fully understand that this is a one-time donation. I also understand that the donation will be payable to an organization, lender, or company not to me personally.

Signature of Applicant	Date Signed
Signature of Board Member Accepting Application	Date Signed