



Foundation For Working Families Hardship CONFIDENTIAL Assistance Form

All applications are screened based on funding availability. Priority is given to UNION members who have experienced a financial hardship and needs assistance (for example: eviction notice, gas/power shut off).

Personal Data (please print)

First Name:		Last Name:	
Home Address:		City:	Zip:
Union Contact:		Best Phone:	Email:
Union Household:	<i>Please Check Where Assistance Is Needed & Amount Requested</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Rent:		
Union Name & Local #:	Utilities:		
	Food:		
# Of People In Household:	Other:		

Please be very explicit with your explanation for your hardship and prioritize your greatest needs.

Form must be filled out COMPLETELY to be considered

Signature: (If submitting electronically please type your name)	Date:
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FOR OFFICIAL USE ONLY

Notes: