

## Request for Assistance Form

Applicant Information					
<b>Last Name:</b>	<b>First Name:</b>	<b>Phone:</b>	<b>Email:</b>		
<b>Address:</b>	<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Store #:</b>					
<b>Store Manager:</b>					
Assistance Request					
<b>What assistance do you need? (Rent, utilities, Add landlords' information and utility company etc.)</b>					
<b>Describe the circumstances that resulted in this emergency:</b>					
<p>By my signature below, I affirm that the information on this intake form is true, voluntarily consent to receive services and acknowledge that it is my responsibility to act in response to the documented service recommendations.</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>					

### UNITED WAY USE ONLY

<b>Approved:</b>	Yes	No	<b>Amount:</b>
<b>Comments:</b>			
<b>President/CEO Signature:</b>			<b>Date:</b>

To submit this request, please email this form to [info@unitedway-sjc.org](mailto:info@unitedway-sjc.org) after completion.