



UWNEMN COVID -19 CRISIS FUND

APPLICATION DIRECTIONS

The purpose of the UWNEMN COVID-19 Crisis Fund is to provide financial support to those whose jobs have been impacted by the current COVID-19 pandemic. Individuals/families impacted must a) live or work in UWNEMN's service territory AND b) demonstrate a financial loss on or after the Governor's Emergency Executive Order, dated March 13, 2020, to request approval for support to cover basic living expenses. The following information requested will be used to determine your individual/family's financial situation and state of need. All requests will remain confidential; each will be carefully reviewed by a small United Way of Northeastern Minnesota committee. Financial support cannot be processed without the form completed in full. Remember to include all household members' income.

One-time Maximum Request Amount: \$1,000 per person/family

Please note that completing this paperwork does not guarantee the request will be approved. If your application is approved, please keep in mind that this is a one-time grant opportunity with a maximum distribution of \$1,000, though distributed amounts will vary based on a number of circumstances as we weigh the amount of funding we have to distribute and the number of requests we receive.

INSTRUCTIONS:

1. **Section One – Personal Information:** Complete ALL information requested.
2. **Section Two – List of bills to be considered for payment:** Please note, United Way does not make contributions to individuals. Payments will be made directly to the creditor. A copy of the current bill(s) requested for consideration MUST be attached.
3. **Economic Analysis –** This is a simple budget to determine your monthly income and expenditures. Be precise and inclusive when completing this. **REQUIRED back-up documentation:**
 - Copies of **actual** current month's bills requesting consideration for payments
 - Documentation stating a reduction in hours, salary, being furloughed, or laid off due to the COVID-19 pandemic (*examples: letter or email from employer, Executive Order listing your business type as non-essential, etc.*)
 - Confirmation of receipt of Unemployment Insurance (if currently receiving)
 - History of pay stubs showing hours worked prior to 3/13/2020 through application date which demonstrate a reduction in hours (*if you live with a spouse or partner, please include their pay stubs as well*)
 - If you have circled yes, you are a veteran or service member, attach a copy of your DD214

UWNEMN COVID-19 CRISIS FUND APPLICATION

SECTION ONE

Applicant Name (First, Last): _____

Address (include City, State, Zip): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Family (circle one): Single Married Number of Children/ Step Children (50% custody or more): _____ Ages: _____

Employer: _____ or Self Employed Independent Contractor (circle one)

Lay-off/Unemployment/Reduction in Hours Date: _____

Are you a military veteran or service member? (circle one) Yes No

When did you serve? (MM/YY-MM/YY) _____ Branch: _____

SECTION TWO

Requesting consideration for payment on the following and rate your bills in priority with #1 being the highest:

1. _____
2. _____
3. _____
4. _____
5. _____

UNITED WAY OF NORTHEASTERN MINNESOTA ECONOMIC ANALYSIS

“UWNEMN COVID-19 CRISIS FUND”

| A. Present Financial Resources | Per Month | Explanation/Itemization (Include all household member incomes) |
|---|------------------|--|
| Income from Present Job(s) | \$ | |
| Unemployment Insurance | \$ | |
| Supplemental Unemployment | \$ | |
| Food Stamps | \$ | |
| MFIP or other cash assistance | \$ | |
| Grants (Pell, State, SEOG, Childcare...) | \$ | |
| Loans, Scholarships | \$ | |
| Child Support (received) | \$ | |
| Other (Specify) | \$ | |
| A. TOTAL | \$ | |
| B. Basic Living Expenses | Per Month | Explanation/Itemization |
| Housing (rent, mortgage...) | \$ | |
| Utilities (heat, phone, electricity, water, garbage...) | \$ | |
| Food | \$ | |
| Transportation (gas, oil, repairs, bus...) | \$ | |
| Child Care | \$ | |
| Medical (Doctor, Dentist, prescriptions...) | \$ | |
| Time Payments (car, credit cards, student loans...) | \$ | |
| Insurance (car, health, house, renters...) | \$ | |
| Child Support Payments | \$ | |
| Education (Required tools, tuition, books...) | \$ | |
| Other Miscellaneous (specify) | \$ | |
| B. TOTAL | \$ | |
| FINANCIAL NEED (Subtract TOTAL B from A) | \$ | To issue EFA: TOTAL B <u>must be larger</u> than TOTAL A |
| C. Savings | \$ | |

