

# APPLICATION DIRECTIONS

## UNITED FOR VETERANS CRISIS FUND

The purpose of this application is to request approval for funding support to cover basic living expenses. The following information requested will be used to determine your personal financial situation and what your needs are. All requests will be reviewed by a committee of 2-3 staff from the United Way of Northeastern Minnesota and remain confidential. Grants cannot be processed without the form completed in full. Please note that completing this paperwork does not guarantee the request will be approved.

**Maximum Request Amount: \$500 a year per person/family**

### INSTRUCTIONS:

- Section One – Personal Information:** Complete ALL information requested
- 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 requested for consideration should be attached.
- Section Three – Reason for Request:** Please provide a narrative stating the reason for your request, what caused the hardship and what you will or are doing to make sure the issue is resolved.
- Economic Analysis** – This is a simple budget to determine your monthly income and expenditures. Be precise and inclusive when completing this.

a. Under **Section A: Present Financial Resources** include:

- ALL INCOME for the month

b. Under **Section B: Basic Living Expenses** include:

- ONLY current month expenses; AND
- If a bill is in arrears and due in full, the participants needs to work out a payment plan with the creditor to get the bill paid off – whatever that monthly amount is can be used as a Basic Living Expense
- Food and transportation estimates can be used as follows:

<b>FOOD ESTIMATION:</b>	Single person	-	\$250.00
	Family of 2	-	\$477.00
	Family of 3	-	\$572.00
	Family of 4	-	\$860.00
	Over 4	-	add \$100.00 each add'l person

*(Official USDA Food Plans: Cost of Food at Home at Four Levels, U.S. Average)*

**TRANSPORTATION ESTIMATION:** \$.575 per mile

5. **REQUIRED back-up documentation:**

- Copies of most recent monthly income statements
- Copies of **actual** current month's bills requesting consideration for payment
- Copies of most recent bank statement/s
- Copy of DD214

For questions this application call the United Way office at 218-254-3329

Applications and documentation can be mailed to:

United for Veterans Crisis Fund

229 W. Lake St.

Chisholm, MN 55719

Or emailed to: [erin@unitedwaynemn.org](mailto:erin@unitedwaynemn.org)



# UNITED FOR VETERANS CRISIS FUND APPLICATION

## SECTION ONE

**Applicant Name** (*First, Last*): \_\_\_\_\_

**Date of Birth:** (*MM/YY-MM/YY*) \_\_\_\_\_ **Last 4 Digits of Social Security Number:** \_\_\_\_\_

**Address** (*include City, State, Zip*): \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Family** (*circle one*): Single      Married      **Number of Children & Step Children:** \_\_\_\_\_ **Ages:** \_\_\_\_\_

**Current Place of Employment:** \_\_\_\_\_

**Are you a military veteran or servicemember?** (*circle one*)      Yes      No

**When did you serve?** (*MM/YY-MM/YY*) \_\_\_\_\_ **Branch:** \_\_\_\_\_

**Who were you referred by?** \_\_\_\_\_

## SECTION TWO

**Requesting consideration for payment on the following:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_



**UNITED WAY OF NORTHEASTERN MINNESOTA ECONOMIC ANALYSIS**  
**“United for Veterans” Fund**

<b>A. Present Financial Resources</b>	<b>Per Month</b>	<b>Explanation/Itemization</b>
Income from Present Job(s)	\$	(Include all household member incomes)
Unemployment Insurance	\$	
Supplemental Unemployment	\$	
Food Stamps	\$	
MFIP or other cash assistance	\$	
Grants (Pell, State, SEOG, Childcare...)	\$	
Loans, Scholarships	\$	
Savings	\$	
Child Support (received)	\$	
Other (Specify)	\$	
<b>A. TOTAL</b>	<b>\$</b>	
<b>B. Basic Living Expenses</b>	<b>Per Month</b>	<b>Explanation/Itemization</b>
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>B. TOTAL</b>	<b>\$</b>	
<b>FINANCIAL NEED (Subtract TOTAL B from A)</b>	<b>\$</b>	To issue EFA: TOTAL B <u>must be larger</u> than TOTAL A

\_\_\_\_\_  
**PARTICIPANT SIGNATURE**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**United Way Signature**

\_\_\_\_\_  
**Date**

Receipts or bills **REQUIRED** for all **Basic Living Expenses** Exception: Food and Transportation (may use UW estimate - See EFA)

# REQUEST FOR AND AUTHORIZATION TO RELEASE INFORMATION

Name: \_\_\_\_\_

Last 4 Digits of Social Security: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize **United Way of Northeastern Minnesota** and it's program **United for Veterans** to obtain and release any and all information to and from the following:

*(Check all that apply)*

**VA Clinic – Hibbing**  
990 W 41<sup>st</sup> Street  
Hibbing, MN 55746

**County Veteran Service Office** *(location dependent on your residency)*  
Duluth, Ely, Grand Rapids,  
Hibbing, Virginia

**Minnesota Assistance Council for Veterans** (MAC-V)  
5209 Ramsey Street  
Duluth, MN 55807

**MN Military Family Assistance Center**  
4015 Airpark Blvd  
Duluth, MN 55811

**Range Transitional Housing Virginia/Hibbing**  
442 Pine Mill Court  
Virginia, MN 55792

**Housing & Redevelopment Authority – St. Louis or Itasca County** *(location dependent on your current residency)*

**Other:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The record release is required for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION:** I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by United Way of Northeastern MN. Without my express revocation, the authorization will automatically expire one (1) year from my dated signature below.

Date (mm/dd/yy): \_\_\_\_\_

Signature of veteran or person authorized to sign for veteran: \_\_\_\_\_