

**UNION AID SOCIETY**  
**FINANCIAL ASSISTANCE APPLICATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

**FAMILY MEMBERS (list ALL persons living at this address)**

<u>NAME</u>	<u>BIRTHDATE</u>	<u>EMPLOYER</u> (source of income)	<u>MONTHLY INCOME</u> (wages, child support, cash assistance, SSI/D, social security, pension, adoption/ foster care subsidy, food stamps etc.)

**REGULAR MONTHLY EXPENSES**

<b>RENT/MORTGAGE (circle)</b>	<b>GAS/OIL (heat)</b>
<b>ELECTRIC</b>	<b>WATER/SEWAGE</b>
<b>PHONE/CABLE/INTERNET PACKAGE</b>	<b>CAR PAYMENT/INSURANCE</b>
<b><u>ONGOING</u> MEDICAL EXPENSES (COPAYS ETC.)</b>	<b>OTHER</b>

**How did you hear about the Union Aid Society?** \_\_\_\_\_

**Confidentiality: Union Aid will maintain the highest standards regarding your personal information. All information will be held in the strictest confidence unless required by law.**

**Waiver: Union Aid may disclose my personal information to other nonprofit organizations that may be able to provide me with additional assistance.**

\_\_\_\_\_ (initial)

**I agree to update this form annually or notify Union Aid of changes in income, expenses or household composition.**

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

## **APPLYING FOR FINANCIAL ASSISTANCE**

- Contact the Union Aid Society at 412-741-9240 for information and to schedule an appointment.
- Bring completed application form with income verification for all household members to your appointment.