

Applicant's Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Have you **applied for funding** from Womenade before? Y N

Have you **been funded** by Womenade before? Y N

Have you applied to another agency for this request? Y N

Names and ages of other people living in your home if applicable:

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

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_

Referring person/agency: \_\_\_\_\_

**Specific Description of Need** (use additional pages if needed):

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

PLEASE NOTE: We cannot fund rental deposits. We can grant up to \$500.00

**Amount requested for this need:** \_\_\_\_\_

Make check payable to (i.e. La Plata Electric, Landlord's name, Qwest, City Market etc.):

Please include a contact person and phone number for the bill to be paid to.

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

What will the assistance be used for and for what month will it be applied to?

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How many months are you behind? \_\_\_\_\_

**Current place of employment:** \_\_\_\_\_

How long have you been employed? \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Number of hours worked during a week: \_\_\_\_\_ Wage: \_\_\_\_\_

**Prior work position:** \_\_\_\_\_

How long have you been employed? \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Number of hours worked during a week: \_\_\_\_\_ Wage: \_\_\_\_\_

How long have you lived in the county? \_\_\_\_\_

Do you plan on staying in the area? Y N

Please Include Information on what you are doing to improve your financial situation at this time. What resources are available to you to be self-sufficient in the future?

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What if any local agencies are you currently working with

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Any other information you would like to share?

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Thank you. **Womenade of La Plata County will contact you** if there are any questions on your application and to let you know if we were able to fund your request.

Application due by: / /