

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?

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?

What if any local agencies are you currently working with

Any other information you would like to share?

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: / /