REQUEST FOR FUNDS APPLICATION

To apply for assistance, you ***must*** be a team member with United Supermarkets for a minimum of **six months**. Please complete this application **completely** to help us to process your application faster.

Remember that the Fund is **not** part of United Supermarkets. We are an independent, non-profit corporation made up of and governed by United Supermarkets team members. The decisions we make are our own. The fund was started in 2007 to assist team members suffering severe financial hardship resulting from a catastrophic event in their lives. These are generally emergency medical or personal circumstances for which a person could not be expected to be adequately prepared through responsible financial planning and budgeting. All information given will be kept confidential among the Board members.

A decision by the Board will be made within three weeks of receipt of request and a letter will be mailed to your home to inform you of the Board's decision. Maximum amount per request is to be determined. A team member may only submit one application every 6 months. Decisions of the Board are final.

TEAM MEMBER INFORMATION

Today's Date _____ Phone Number (___) _____

First Name _____ Last Name _____Team Member # _____

Store # _____ Current Position _____ Hire Date _____ Full Time/Part Time (circle one)

Current Address _____City _____ State____ Zip Code _____

Approximate Annual Household Income _____ Approximate Total Monthly Bills _____

Is your spouse employed? If yes, where? _____ # in household, including yourself? _____

Approximate Total Assets (including savings, checking, investments, annuities etc.) _____

Approximate Debt _____ Reason(s) for Debt_____

Do you have health insurance? _____ Do you have short or long term disability coverage? _____

Have you applied for assistance before? _____ If YES, date applied (MM/YY) _____

REQUIRED: Amount Requested $_____ If approved, how will the money be used? _____

_____

_____

Please provide an explanation of the need for the requested funds. Attach a list of expenditures, along with appropriate receipts, statements and any other actual documentation of expenses. Include copies of household bills and budget.

_____

_____

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_____

_____

Are you receiving or have you recently received funds for assistance from any other sources? (i.e., churches, associations, foundations, etc.) If yes, please identify the source(s) of assistance and the amount received.

☐ NO ☐ YES _____
_____

Do you have a relationship to any United We Care officers, Board members, or major contributors (other than your employment with United Supermarkets)? If yes, please identify the name and relationship.

☐ NO ☐ YES _____
_____

Please send all application documents to the attention of:
United We Care Fund
7830 Orlando Avenue
Lubbock, TX 79423

You may also fax all documentation to (806) 791-6341.

I certify that the above information and all information presented in regard to my request are correct. I understand that any misrepresentation or withholding of facts will be considered fraudulent and grounds for disqualification. If additional information is required, I will submit the documentation. I also understand by signing this application, I authorize United Supermarkets to release my employment, payroll and health and welfare plan information to the United We Care Program Administration.

_____ _____
Signature of Team Member Date

Don't Forget! Did you…

- ☐ Fully completely the application?
- ☐ Specifically request an amount?
- ☐ Thoroughly explain reason for crisis? (Attach additional pages if needed)
- ☐ Include a detailed budget?
- ☐ Attach monthly bills? (Example: rent, phone, water, utilities, child support, car payment, credit card, loans, internet, food, medical bills, transportation, ect.)
- ☐ Include all income from spouse, dependents and others in household? (Include supporting documentation/check stubs)
- ☐ Provide the "Health Information Release" & "Attending Physician's Statement" if requesting funds is due to medical reasons? (*These documents may be found online at www.unitedtexas.com under "United We Care.")*

(OFFICE USE ONLY) FOR_____ AGAINST _____Request Approved: ☐ Yes ☐ No

Amount Approved_____ _____ Signature _____ Date