



Faith In Action Crisis Alleviation Collaborative

Request for Assistance

Funding for this program is limited to Utilities (Gas, Oil, Electric, Water) or Rent.

Applications must be filled out **COMPLETELEY** front and back prior to interview.

With the application

- Social security card must be shown,
- Copy of driver's license or state id, or other acceptable Federal ID
- Verification of primary residence, original paper work of proof of debit (example: original electric bill)
- Proof of income may be required at time of interview (be prepared to show last two pay stubs)
- Proof you have attempted to request help from other agencies. Unite Sussex is the Last Resource.
- Not all applicants will be granted.

After you have completed the "Request for Assistance Form" and obtained **ALL** the necessary information above, then call **302-732-6550 extension 6**, leave your name and phone number where you can be reached, speak clearly and a Unite Sussex Representative will return your call to set up your appointment to review your application with you. Your appointment will be held at the Dagsboro Church of God at 32224 DuPont Blvd Dagsboro DE 19939. Appointments will be made on Tuesday's and Wednesday's. If you do not have all your information on your appointment day, then you will have to wait until the next week to be seen, so it is very important, that you come prepared with all necessary documentation.

Helping to strengthen our communities

32224 Dupont Blvd * Dagsboro, DE * 19939
302-732-6550 * www.unitesussex.org

New Castle

Kent

Sussex

Request for Assistance Form

Date/Time: _____ Full Name: _____

Date of Birth: _____ Age: _____

SS #: _____ Confirmed

Drivers license or State ID #: _____ Type: _____ Confirmed

Copy required prior to processing application

Number where you can be reached: HOME: _____

OTHER: _____

Home Address: _____

City

State

Zip

How long: _____

Are you working? _____ Where? _____

How long: _____ Work Address: _____

Work Phone: _____ Manager's Name: _____

Manager's Contact #: _____ Salary/Pay: _____

Have you ever requested or received assistance from IMA/IMAC/Unite Sussex? _____

What are you requesting assistance for and what amount? \$ _____

Gas _____ Oil _____ Rent _____ Electric _____ Other _____

Provide the name of your Landlord: _____

Landlord Address: _____

City

State

Zip

Phone Number for Landlord: _____

If requesting assistance for utility bill, provide account #: _____

Name/Address of utility company: _____

City

State

Zip

Phone number of utility company: _____

Are you receiving disability, SSI, child support or other? _____

How much? _____

Marital Status: Married _____ Single _____ Divorced _____ Separated _____

Do you have children living with you? _____ Ages of children: _____

What other agencies have you contacted? _____

Who did you speak with? _____ Phone number: _____

What did they say? _____

Who referred you this agency? _____

Phone: _____

Please explain what brought about your need for assistance? _____

I Authorize the IMA, IMAC, Unite Sussex, and their agents to contact the businesses or individuals necessary to verify that the information submitted with this application for financial assistance is true and correct. I understand that the IMA may grant or deny my request based on various factors including but not limited to the accuracy of the information submitted with this application.

Signature: _____ Date: _____

Office use only – please do not write below this line

Date/Comment/Initials: _____

Date/Comment/Initials: _____

Approved _____ Check # _____ Date _____ Payable to _____ Amount approved _____