



Unknown Angels Foundation

Application for Assistance

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

When is assistance needed? _____

Type of assistance you are applying for: Financial Emotional support Other If Other, explain:

Are you a citizen of the United States? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Previous Employment

Company: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Miscellaneous questions

Currently receiving assistance
from other sources? YES NO

If yes, explain: _____

Do you have any drug or
alcohol addictions? YES NO

If yes, explain: _____

Assistance requested for: Individual Family

What is your situation?

For example, why are you
requesting assistance and what
do you think qualifies you to
receive assistance from us?

If there is not enough space,
please attach a second piece of
paper with the answer.

What do you need and what is it
that you are expecting?

Is there anything else you think
we should know? Other habits,
addictions, struggles, etc?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application results in being assisted by Unknown Angels Foundation, I understand that false or misleading information in my application or interview may result in immediate withdrawal from any and all assistance.

If this application is rejected by Unknown Angels Foundation, I understand that it is not because of any discriminatory reasoning, but is because I was not qualified according to the policies and procedures set forth by Unknown Angels Foundation.

I understand that the information given to Unknown Angels Foundation is confidential and will not be released to anyone without my permission.

Signature: _____ Date: _____

Additional notes:
