**NOTE:**

This application is for one-time per year assistance. The limit is $500.00 and can be used for more than one expense though you may be asked to document all of the amounts asked for. If possible, please present all expenses at once.

**Applicant Information**

Name

Daytime Telephone

Evening Telephone

Email Address

Home Address

**Information About the Need for Assistance**

What is causing you to seek assistance? Please give details.

Please attach any other documentation or information that you would like considered as part of your application for assistance. If you are requesting assistance to pay a bill to a third party (for example, a landlord, the electric company, a car repair shop), please attach a copy of all invoices or other proof of expense.

Payment will be made directly to the billing person or company.

 Payable to: Amount Name

Address

City, State, Zip

 Payable to: Amount Name

Address

City, State, Zip

Please check one:

 I give consent to Family of Woodstock to contact the person or company named on this application.

 I DO NOT give consent to Family of Woodstock to contact the person or company named on this application.

Signature Date

\*Radio Kingston (“RK”) takes reasonable steps to maintain your privacy. Please note, however, that RK may contract with one or more third parties to participate with the Community Fund’s Grant Selection Committee, so this application is not anonymous. The IRS also requires RK to report information about emergency assistance grants that Community Fund makes on its annual return, on a document called a “Form 990,” which is publicly available. It will not include any personal information with respect to any particular recipient. Public reporting is purely statistical.