



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 Monthly 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 long term disability coverage? _____

Are you currently/ have you recently been out of work on paid leave/work injury? If yes, when did this start? _____ What is the estimated date for your return back to work? _____

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.

Are you receiving or have you recently received funds for assistance from any other sources? (i.e., TANF, food stamps, child support, churches, associations, foundations, etc.) If yes, please identify the source(s) of assistance and the amount received. If applicable, provide award letters.

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) 791-6347.

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. Any misuse of funds issued by United We Care, including but not limited to, cashing or attempting to cash checks addressed to a third party for payment would result in forfeiture of assistance, repayment of the funds and disqualification from the program.

Signature of Team Member

Date

Don't Forget! Did you...

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