Dove’s Financial Assistance

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Veteran?\_\_ \_\_\_\_\_\_\_\_\_\_\_ Are you laid off due to Covid-19?\_\_\_\_\_\_\_\_\_\_\_\_\_

What assistance are you asking for?\_ \_\_\_\_\_\_\_\_What is your account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much can you pay towards the need? \_\_\_\_\_\_\_\_\_\_\_\_\_

How many people in the household? \_\_\_\_\_

List all members of the household

Name Age Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Total Monthly Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total monthly Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Matched funds are required for most needs.

Power must be on, Must meet WNCF guidelines.

No help from any other agencies for Power for 12 months.

Note: MAX/DFA does not give cash assistance. Checks are made to verified businesses and landlords. Support documents will be asked for in order to verify your household income and expenses. No assistance will be given without a photo ID. I as a client of Max/DFA give permission to MAX/ DFA, churches, businesses, social agencies, and individuals, as needed to assist in the review of my request. I understand that I have the right to withdraw this permission in writing at any time. As a client asking for assistance from MAX/DFA I have to the best of my ability given Max/DFA truthful information supporting this application .MAX/ DFA Helps once every 366 days. MAX/DFA reserves the right to refuse service to anyone. Maximum allowable assistance through DFA is $300.00 .

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email this completed form to shartman@doveinc.org or fax 217-423-5025