



ABILENE UNITED FUND

A Partnership of United Way of Abilene's Community Partners currently assisting individuals and families during the COVID-19 crisis.

HOUSEHOLD INFORMATION

Home Address (physical): _____

City: _____ State: _____ Zip Code: _____

How many adults currently live here? [][] How many children currently live here? [][]

Estimated total of annual household income before COVID-19 crisis: \$ _____

Have you learned of any changes to your household income due to COVID-19? [] YES [] NO

If so, please explain: _____

If not, do you anticipate a change in your household income due to COVID-19? [] YES [] NO [] UNKNOWN

If so, please explain: _____

PERSONAL INFORMATION

Adult # 1

First Name: _____ Last Name: _____

Phone Number: _____ - _____ - _____ Email: _____

Employer (as of application date): _____

Adult # 2

First Name: _____ Last Name: _____

Phone Number: _____ - _____ - _____ Email: _____

Employer (as of application date): _____

Adult # 3

First Name: _____ Last Name: _____

Phone Number: _____ - _____ - _____ Email: _____

Employer (as of application date): _____



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PERSONAL INFORMATION (Continued)

Adult # 4

First Name: _____ Last Name: _____

Phone Number: _____ - _____ - _____ Email: _____

Employer (as of application date): _____

Child # 1

First Name: _____ Last Name: _____ Age:

Child # 2

First Name: _____ Last Name: _____ Age:

Child # 3

First Name: _____ Last Name: _____ Age:

Child # 4

First Name: _____ Last Name: _____ Age:

Please add additional family members on the back page or additional page.

SAVINGS AND INVESTMENT RESOURCES Please indicate the current value of your assets in the following categories:

Type	Current Dollar Value
Checking accounts	
Savings accounts	
Mutual funds, stocks, bonds	

IMMEDIATE NEEDS (Check all that apply):

- Childcare Assistance (Availability)
- Groceries & Personal Care Items (Financial)
- Housing/Rent/Mortgage Payment Assistance
- Other (Please describe):
- Childcare Assistance (Financial)
- Medical & Prescription Aid (Financial)
- Utility Payment Assistance

By signing below, I (1) declare under penalty of perjury under the laws of the United States of America that all of the aforementioned information is the true and correct and (2) understand that completion of this application does not guarantee that assistance of any type will be provided.

Printed Name: _____

Signature: _____

Date: _____

For Agency Use Only - Date entered in BNN portal: _____