



## 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 Annual 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 short or long term disability coverage? \_\_\_\_\_

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., churches, associations, foundations, etc.) If yes, please identify the source(s) of assistance and the amount received.

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) 791-6341.

**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.**

\_\_\_\_\_  
Signature of Team Member

\_\_\_\_\_  
Date

Don't Forget! Did you...

- Fully completely the application?
- Specifically request an amount?
- Thoroughly explain reason for crisis? (Attach additional pages if needed)
- Include a detailed budget?
- Attach monthly bills? (Example: rent, phone, water, utilities, child support, car payment, credit card, loans, internet, food, medical bills, transportation, ect.)
- Include all income from spouse, dependants and others in household? (Include supporting documentation/check stubs)
- Provide the "Health Information Release" & "Attending Physician's Statement" if requesting funds is due to medical reasons? (*These documents may be found online at [www.unitedtexas.com](http://www.unitedtexas.com) under "United We Care."*)

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**(OFFICE USE ONLY)** FOR \_\_\_\_\_ AGAINST \_\_\_\_\_ Request Approved:  Yes  No

Amount Approved \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_