



United Way of Lamoille County Emergency Assistance Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Employment Status: _____

Have you applied for unemployment benefits? _____

Monthly Income _____

Do you receive LINK/SNAP benefits? YES ☐ NO ☐ Is anyone in your household pregnant? YES ☐ NO ☐

Do you have children under 18 in your household? YES ☐ NO ☐ If yes, how many? _____

Do you receive housing assistance? YES ☐ NO ☐ How many adults are in your household? _____

If yes, are you requesting additional housing assistance: _____

Financial Obligations

Housing: \$ _____ Utilities: \$ _____

Food: \$ _____ Transportation: \$ _____

What is your most pressing need? _____

Funds Needed: _____

I understand that this application, if approved, represents a one-time assistance payment, to help in a financial emergency that has arisen due to the restrictions put in place by federal, state, and local governments regarding the COVID-19 pandemic.

I am furnishing accurate information to the best of my ability. I understand that falsifying information will disqualify me for assistance. I authorize the United Way and partner organizations to furnish and request information from others in order to obtain help that I need. In addition to other information that may be shared, the following basic information may be shared with my consent Name, address, phone number, date of birth, gender, race, marital status, and veteran status.

Signature: _____ Date: _____

United Way of Lamoille County COVID-19 Emergency Grant Eligibility Rules

Applicant Name _____

1. Applicant must be experiencing a financial hardship directly related to emergency procedures that have been implemented due to the COVID-19 pandemic.
2. Applicant must live in Lamoille County:
 - a. Morrisville 05661
 - b. Hyde Park 05655
 - c. Johnson 05656
 - d. Wolcott 05680
 - e. Stowe 05672
 - f. Cambridge 05444
 - g. Jeffersonville 05464
 - h. Waterville 05492
3. Applicant must provide name of mortgage holder or landlord if requesting housing assistance:
 - a. Mortgage Company/Landlord _____
4. Applicant must provide name of utility company if requesting utility assistance:
 - a. Utility _____
5. Checks made out by the fund administrator must be made out to mortgage company, landlord, or utility if assistance is requested in these areas.
6. A maximum of \$500 will be made available to each household. UW staff may make exceptions.
7. Food/household item and Transportation assistance will be made in the form of Hannafords or gas station gift cards.
8. Fund administrator will keep accurate and complete accounting records of fund dispersals.
9. Any money not dispersed at the time that emergency measures are lifted by federal, state, and local governments will be returned to the United Way of Lamoille County.

United Way of Lamoille County Use Only

I certify that this application has been approved by _____ and the applicant has received
\$ _____ in assistance in accordance with the rules outlined above.

Signature _____ Date _____