



Emergency Assistance Funding Request Form

Shelby County Community Golf Charities, Inc.

SECTION 1: Applicant Information

- **Date of Request:** _____
 - **Total Amount Requested:** \$ _____
 - **Full Name of Applicant:** _____
 - **Street Address:** _____
 - **City:** _____ **State:** _____ **ZIP:** _____
 - **Phone Number:** _____
 - **Email (optional):** _____
 - **Are you a U.S. Citizen?** Yes No
 - **Are you a Shelby County resident?** Yes No
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SECTION 2: Request for Child Assistance

- **Is this a request for a child?** Yes No
If yes:
 - **Child's Full Name:** _____
 - **Age:** _____
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SECTION 3: Household Information

- **List everyone living in your household, including ages:** _____

Please list everyone in your household of working age (including teenagers) and their monthly income (Include Name, Age, Income):

- **Do you have medical insurance?** Yes No
If yes, complete the following:

- **Insurance Provider (e.g., Humana, Medicaid):** _____
- **Policy Number:** _____
- **Insurance Phone Number:** _____

SECTION 4: Employment Information

Applicant Employment:

- Employer Name: _____
- Length of Employment: _____
- Position: _____
- Employer Phone: _____
- Supervisor Name: _____

Spouse Employment (if applicable):

- Employer Name: _____
- Length of Employment: _____
- Position: _____
- Employer Phone: _____
- Supervisor Name: _____

SECTION 5: Type of Assistance Requested

(Please check all that apply)

- Medical Bills
- Prescription Costs
- Food Assistance
- Transportation
- Housing/Utility Assistance
- Other (please specify): _____

Approximate Cost of Expenses requested to be paid:

Mortgage/ Rent: _____	Food: _____
Automobile: _____	Gasoline: _____
Telephone: _____	Utilities: _____
Medical Bills: _____	Other: _____

We are unable to pay Credit Card Bills

Urgency & Critical Need

- **Is this an emergency situation?**

Yes No

If yes, please describe why this is urgent (e.g., eviction notice, utility cutoff, critical medication):

- **Do you have a specific due date or deadline for payment or action?**

Yes No If yes, when? _____

SECTION 6: Circumstances of Need

1. **Did your need for assistance result from a work-related situation, injury, or illness?**

Yes No

If yes, explain: _____

2. **If this request is due to a medical condition, injury, or diagnosis, please describe the situation and include any supporting medical documentation, if available.**

3. You are encouraged to include any documentation that you feel would help the committee understand and evaluate your request (e.g., medical records, utility shutoff notices, eviction notices, bills, etc.)

Documents attached: YES NO

4. **Explain the reason you are requesting assistance:**

5. **What steps are being taken to resolve or improve this situation?**

6. **How long do you expect your recovery/correction plan to take?**

SECTION 7: Financial Information

1. **Have you applied for help from any other churches, organizations, or government agencies?**

Yes No

If yes, list names, dates, and results:

2. **Please describe your current financial situation and what led to this request:**

3. **Have you received assistance from SCCC before?**

Yes No

If yes, when and for what purpose? _____

4. **How long have you been facing this hardship?**

- Less than 1-month _____
- 1–3 months _____
- More than 3 months _____

5. **Do you have family, friends, or community members who are helping you financially or otherwise?**

Yes No

If yes, explain: _____

6. **Have you contacted any local resource centers or government programs (e.g., SNAP, LIHEAP, unemployment)?**

Yes No

If yes, which ones and what was the outcome? _____

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- **Monthly Income Total (all sources):** \$ _____
 - **Monthly Expenses (housing, bills, etc.):** \$ _____

How Did You Hear About Us? (Optional but helpful for outreach)

- Church
 - Hospital or clinic
 - Social worker or case manager
 - Friend or family
 - Online
 - Other: _____
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SECTION 8: Consent & Authorization

By signing below, I certify that the information provided in this form is true and complete. I authorize **Shelby County Community Golf Charities, Inc.** to verify the information provided, including contacting listed Employers, Agencies, or References. I understand that my application may take **30–45 days** to process and that funds (if approved) will be disbursed up to **10 days after approval**. Approved Funds are disbursed directly to the Vendor, Service Provider, Creditor, or Agency owned. (E.g. Utility Company, Landlord, Hospital Billing Department, Pharmacy, etc.) It will not be written to the Applicant.

Your information will be held in **strict confidence** and used only for the purpose of evaluating your request.

- **Applicant Signature:** _____
- **Date:** _____
- **May we contact you for additional information if needed?** Yes No
- **Have you spoken with or are currently working with a board member regarding this request?**

Yes No

If yes, please provide their Name: _____

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SECTION 9: For Office Use Only

- **SCCC Member Receiving Form:** _____

- **Date Received:** _____

Committee Review:

APPROVED

DENIED

- **Committee Chair Signature:** _____

- **Date:** _____