REQUEST FOR HELP

From

UCF

FOR OFFICE USE ONLY

Date Received: _____
Checked By: _____
Ballot Date: _____
Approved Date: _____ By Vote? Yes☐ No?☐
Approving Officer: _____

APPLICANT INFORMATION

Ia applicant a member of UCF? Yes ☐ No☐

Member No:_____ SS No:_____-____-_____

Name:_____

Address:_____

C/S/Z:_____

Res. Phone:_____ Bus. Phone_____

Male ☐ Female ☐ Single ☐ Divorced ☐ Married ☐

Number of Children ____ Ages:_____

Applicant Employed By:_____

Work Phone:_____ Fax:_____

Self Employed? Yes ☐ No ☐ How Long _____

Kind of Business:_____

_____

Business Federal ID Number:_____

Member of the Local Chamber of Commerce Yes☐ No☐

Will Business become a Corporate Sponsor Yes☐ No☐

Church Attended:_____

Denomination:_____

Pastor's Name:_____

May pastor be contacted for referrence: Yes ☐ No ☐

Has applicant applied to any other organizations? Yes☐ No☐

SPOUSE'S INFORMATION

Name of Spouse:_____

Currently living with Applicant: Yes☐ No☐ In good Health: Yes☐ No☐

Residence Address:_____

C/S/Z:_____

May Be Contacted: Yes☐ No☐ Res. Phone:_____

Self Employed: Yes ☐ No ☐ How Long:_____

Kind of Business:_____

_____

Business Federal ID Number:_____

Occupation:_____

Business Name:_____

Address:_____

C/S/Z:_____

Work Phone:_____ Fax:_____

Member of the Local Chamber of Commerce: Yes☐ No☐

Will Business become a Corporate Sponsor: Yes☐ No☐

Church Attended:_____

Denomination:_____

Pastor's Name:_____

May pastor be contacted for referrence: Yes ☐ No ☐

Are they helping? (please name & describe how they are helping)

_____

_____

_____

_____

Above applicant (s) hereby requests UCF to solicit financial help in their behalf because of the financial tragedy described below:

I (We) represent that:

1. I (We) am/are currently suffering severe financial need.
2. I (We) really do need the prayer and help of others to overcome this tragedy without undue pain and suffering.
3. I (We) have read all questions in the above application and answered each of them truthfully within the limit of my/our knowledge.
4. I (We) hereby grant to UCF and it's agents, full permission to publish any and all information pertaining to this request.

Applicant: _____ Spouse: _____ Date:_____

DESCRIPTION OF THE NEED Estimated Amount Needed: $_____ Needed on or before:_____

_____

_____

_____

_____

_____

_____

_____

_____

Continue On Other Side

(Continue From Other Side)

As a condition of UCF considering this application for help I agree:

1. To clearly validate each contribution I receive from UCF members, marking the amount, date received and my initials on the envelope in which the gift arrives.
2. To, each two weeks, mail these validated empty envelopes to UCF, making sure each of them also contains the contributors address.
3. To, within a reasonable time after I am helped, send UCF a short letter of testimony describing what UCF's help has meant to me.
4. That UCF may, in any way it chooses, disclose, print, and distribute my name, the story of my need and, the story of how UCF helped.
5. That I will hold UCF and all of it's members harmless for any damages that might arise out of UCF's efforts in my behalf.

I have read this application for help in it's entirity and have understood and agreed to the terms and conditions contained therein.

I FULLY UNDERSTAND UCF HAS NOT AGREED, OR IN ANY WAY REPRESENTED THAT, UCF WOULD HELP ME. RATHER UCF, AT IT'S DISCRETION, MAY CONSIDER MY NEED UNDER THE TERMS AND CONDITIONS SET FORTH IN THE UCF MASTER DESCRIPTION OF THE PLAN WHICH IS ON FILE AT UCF HEADQUARTERS.

Applicant's Signature_____ Co-applicant's Signature:_____

Date:_____ Date: _____

Application should be mailed to:

UCF
PO Box 5767
Arlington, TX 76005

Application should be accompanied by:

A. Letter from a pastor, case worker, doctor or attorney
B. A recent photograph of the applicant
C. Any documentation useful to verifying and validating the need

(Documentation must be on the letterhead of a pastor, case worker, law officer, doctor or attorney)

(817) 265-8176 - http://www.ucf.net - application@ucf.net

THIS APPLICATION HAS BEEN INVESTIGATED AND FOUND TO BE VALID BY:

ADVOCATE FOR APPLICANT

Name:_____
Address:_____
C/S/Z:_____
Day Phone:_____ Night:_____
Relationship to applicant:_____
Position in UCF:_____
UCF I.D. Number :_____ SS No. ____-_____-_____
Signature of Advocate:_____
Date Signed:_____

APPROVING UCF OFFICIAL

Name:_____
Address:_____
C/S/Z:_____
Day Phone:_____ Night:_____
Relationship to applicant:_____
Position in UCF:_____
UCF I.D. Number :_____ SS No. ____-_____-_____
Signature of Official:_____
Date Signed:_____