Community Assistance Application

NAME_____**DATE**_____

ADDRESS_____

CITY_____ **ZIP**_____**PHONE**_____

EMAIL_____

PREVIOUS EMPLOYER_____

TERMINATION DATE_____

FAMILY TOTAL MONTHLY INCOME $_____

FAMILY TOTAL MONTHLY OUTPUT $_____

ASSISTANCE NEEDED (check all that apply) UTILITY ASSISTANCE_____**GAS**_____**GROCERY**_____

CHILDCARE_____ **OTHER**_____

Please explain your situation/termination (vaccination mandate, exemption denial, no exemption accommodation, etc.)

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To be considered for assistance, please attach any supporting documentation such as exemption request, termination notice/letter or employer email correspondence. We will determine support within 5-7 business days after receipt of your application. Follow up questions or further supporting documentation may be required. This application does NOT guarantee financial assistance. Monies received by donor contribution will be distributed at the discretion of Save Washington and team.

If you have any questions and to submit your application, please email:

CassieMcArthur@outlook.com – Benevolence Coordinator

Savewashington21@gmail.com – Julie Holbrook, President