

Need Based Fund

Return to: The HUB, Attn: Lindsey Drake, 1037 S. 12th Street Lincoln, Nebraska, 68508
Fax: 402.471.8527 Email: ldrake@hublincoln.org

Questions: Call Lindsey Drake at 402.580.9247

Applications must be filled out by the person requesting funds. Exceptions may be made due to disability if stated on the application. Applications will be reviewed as received. Please allow up to 15 business days for review and processing of applications if they are filled out completely. If approved, applicant may receive up to \$500 within a 12-month period (as long as proof of purchase requirements are met).

General Information

Amount requested \$ _____

First Name _____ Last Name _____ MI _____ Date of Birth _____ Age _____

Male Female Trans* or Transgender

Social Security # _____

Address _____ City _____ State _____ Zip _____

Phone _____ Alt. Phone _____ Email _____

Name and Address of Payee/Vendor: _____

Background Information

What is your current living situation? (e.g. living with relatives, a friend, on your own, homeless, etc.) _____

Are you currently a state ward or in foster care?..... Yes No

If not, how old were you when your case was closed? _____

List a professional reference who can verify that you were a state ward (DHHS/NFC caseworker, Independent Living worker).

Reference Name _____ Phone _____ Email _____

Financial Information

Are you getting assistance from other programs or resources?..... Yes No

If yes, explain from where: _____

Have you tried to get assistance from other programs or resources?..... Yes No

If yes, explain from where: _____

Are you currently employed?..... Yes No

If yes, **where** and how many hours do you work per week? _____

If no, explain: _____

Are you currently enrolled in school (e.g. GED, high school, college, voc rehab, etc.)?..... Yes No

If yes, **where** and list any scholarships or financial aid you receive: _____

Current Monthly Budget

List your current monthly income (include wages, allowance, financial aid, other): _____

List your current monthly expenses: _____

Savings Account balance: _____ Checking Account balance: _____

Need Information

Describe your need **in detail**, including specific amounts you request. The more information you provide, the more helpful it will be for the committee to review and approve your application. **Incomplete or vague information may lead to application being denied.**

Applicant Statement

I certify all information on this application is true, complete, and accurate. I understand any information given falsely or withheld may make me ineligible for consideration or award. I understand that funds must be used for the purpose stated on this application.

I authorize The HUB, as a Nebraska Management Information System (NMIS) user agency and its contracted agents, to disclose my basic identifying information to NMIS and to all of the NMIS user agencies. The disclosure will be made by entering the information into the NMIS database. Once the disclosure has been made in reliance upon this authorization, the information cannot be retrieved, and all current and future NMIS user agencies will be able to access, use and disclose the information. The NMIS database, which allows them to collect, share, and use basic identifying information about service recipients.

Applicant Signature Date

Parent or Legal Guardian's Authorizing Signature Date

Printed Name and Relationship to Dependent

Are you a member of a Project Everlast Council?..... Yes No
If no, would you like more information or to be contacted by the local Youth Advisor?..... Yes No

Office Use Only:

Approved: _____ Paid Out Date: _____
Budget: Keno _____ Sherwood/ScottState/Lincoln _____ Other _____
Usage: Housing _____ Bills _____ Education _____ Transportation _____ Parenting Needs _____
Clothing _____ Food _____ Health Care _____