

COMMUNITY SHARING FUND APPLICATION

Date: _____

(To be completed by worker making request)

Worker _____ Agency: _____ Worker's Phone# _____

Client Name: _____ Age/Birthdate: _____ Race: _____

Other Adults in the Household: _____ Age/Birthdate: _____ Race: _____

of Children: _____ Ages: _____

Address: _____ City: _____

County: Ramsey Dakota Washington Other

How long has the client lived at this address?: _____ (months/years)

If moving, new address _____

Requesting \$ _____ For: _____ (If rent, for what month) _____

Circumstances leading to the current crisis? _____

(Use additional sheet if necessary)

Monthly Income: _____ **Amount of Foodstamps:** _____

Source of Income: _____

(MFIP, SSI, Employment, Child Support, Other, etc.) (For employment income, use net amount.)

Monthly Expenses:

Rent or Mortgage \$ _____	Cable \$ _____
Lot Rent \$ _____	Diapers \$ _____
Food \$ _____	Utility \$ _____
Car Payment \$ _____	Telephone \$ _____
Car Insurance \$ _____	Laundry \$ _____
Transportation Expense \$ _____	Other \$ _____
Child Care \$ _____	Total Expenses \$ _____

Has the client been assisted by County Emergency Assistance within the last 12 months? __ Yes __ No

If yes, for what purpose? _____

What other community resources have been contacted for help? _____

Mail or Fax this form to:

Phone: (651) 224-5463

Fax: (651) 379-5326

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