



**JOHN COUGHLIN HOPE FUND
OF UNITED WAY ST. CROIX VALLEY
FUND APPLICATION**

Application Date: ____ / ____ / ____

APPLICANT INFORMATION

Name	
Address	County
Email	Phone

Is it okay to leave an email/voicemail (circle)? YES | NO

AGENCY INFORMATION

Agency Name	
Agency Address	Agency Phone
Staff Contact	Position
Email	Direct Line

HOUSEHOLD INFORMATION

Please list ages in household

Number of Children Ages 0-17 in Household	
Number of Adults Ages 18-64 in Household	
Number of Elders Ages 65+ in Household	



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MONTHLY INCOME – Estimates acceptable

MONTHLY EXPENSES – Estimates acceptable

Employment Applicant & spouse/partner	\$
Child Support Received	\$
Federal/State Health Benefits	\$
SSI/SSDI	\$
FoodShare Assistance	\$
Assistance from other agencies/programs	\$
WIC Assistance (please circle one)	Yes No
Other	\$
Other	\$
TOTAL	\$

Rent or Mortgage	\$
Utilities (heat, water, etc.)	\$
Cable or Internet	\$
Cell Phone	\$
Car Payment & Insurance	\$
Gas/Public Transportation	\$
Medical Bills (total amount)	\$
Health Insurance	\$
Childcare	\$
Basic Living Expenses (Food, Diapers, Wipes, Toiletries, etc.)	
Other	\$
TOTAL	\$

Type of Assistance Requested		Housing		Transportation
Dollar Amount Requested		Utilities		Medical
Other (please list)				

PROVIDE A BRIEF ACCOUNT OF THE CURRENT SITUATION

Please describe the situation and the need for supportive funding. Please share how this is a unique circumstance that will not occur in the future.



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Please list other community agencies the applicant has explored and the status of their request:

Agency Name	Funding Amount
	\$
	\$
	\$
	\$
	\$
Amount APPLICANT IS PAYING TOWARD THE EXPENSE	\$

REQUIRED DOCUMENTATION

You will be asked to provide additional documentation. A list of the required documents for each category is:

- **Housing** - Rent/Deposits/Mortgage Payments
 - Copy of rental/lease agreement/mortgage statement
 - Copy of notice of late payment or Eviction
 - Completed Contact Form
 - As part of your application from the John Coughlin Hope Fund, staff will contact the landlord/owner to verify information that is pertinent for the application.
- **Transportation** - Car Repair/Insurance/Impound/Car Payments
 - Wisconsin Driver's License – current and not expired
 - Car Insurance – current and not expired
 - Estimate for Repair
- **Medical Expenses** – CPAP Machine, Dental Work, Medication
 - Copy of overdue/late payment notice
 - Copy of Expected expenses
- **Utilities** – Electric, Gas, Phone
 - Copy of notice of late payment or Disconnection Notice



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- Evidence of personal payment history for previous 6 months (examples of payment history include: Xcel Energy's Energy Assistance Portal or case worker's confirmation from utility company)
- **For all other categories**
 - Please provide a Statement of Cost/ Quote

Would Applicant like a 211 I&R Specialist to follow-up on any other needs?				Yes	No
Childcare Assistance	Employment Services	Mental Health Resources	Disaster Information		
Food Support	Legal Assistance	Transportation Assistance	Crisis Help		

RELEASE of INFORMATION

I certify that the information provided in this application is true and that any funds I receive will be used for the purpose stated in this application. I authorize United Way St. Croix Valley and agency representatives to verify and communicate any information contained in this application or about my situation to assist me. UWSCV will maintain your confidentiality and will not release your information to other agencies without your consent. By signing below, or giving verbal consent, I authorize UWSCV to use my name and other information necessary in processing my request. I hereby waive and release any and all claims whatsoever that I, my legal representatives, or heir might have or hereafter have against United Way St. Croix Valley, its employees and agents.

Client Signature _____ Date: _____

Client gave verbal consent

Agency Use Only - to be completed by JCHF Coordinator

Application Received	Required Documents Received		
Approved	Not Approved	Client/Agency Notified	



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Additional Notes	
Signature	Date
Printed Name	Title
Closed	Date