



Foundation For Working Families Disaster Relief CONFIDENTIAL Assistance Form

All applications are screened based on funding availability. Priority is given to UNION members who have experienced a loss due to a natural disaster (for example: loss of home due to fire or flood).
Assistance is limited to a maximum of or equivalent to \$500 once every 12 months.

Personal Data (please print)

Last Name:		First Name:	
Home Address:		City:	Zip:
Referred By:		Best Phone:	Email:
Union Household: <input type="checkbox"/> Yes <input type="checkbox"/> No		Please Check All Losses That Apply & Describe Loss Including Monetary Value of Loss	
		<input type="checkbox"/>	Home
Local:		<input type="checkbox"/>	Vehicle
		<input type="checkbox"/>	Outbuildings
Union Contact:		<input type="checkbox"/>	Livestock
		<input type="checkbox"/>	Other
Household Information (Please list ages and gender of ALL household members)			
Age:	Gender:	Age:	Gender:
Age:	Gender:	Age:	Gender:
Please be very explicit with your explanation on the reason(s) for your hardship, where your greatest need is and amount you are requesting.			
Form must be filled out COMPLETELY to be considered.			
Signature:		Date:	
FOR OFFICIAL USE ONLY			
Notes:			
Approved By:		Approval Date:	

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Print

Submit Via Email