

WAYWAY INC.

DISASTER RELIEF ASSESSMENT

Coronavirus Relief Domestic Individual Application

First Name		Last Name		D.L. No.	
Address				City, State, Zip	

Disclosure of relationship between applicant and officers, directors, or key employees of, or substantial contributors to, the charitable organization.

Relationship:

Assistance Amount	\$	Assistance applied for period from	/ /2020	to	/ /2020
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Details of recent incomes:

Wages received from 01/01/2020 - 3/31/2020	\$	Reduction of wages due to Coronavirus pandemic	\$
Welfare received from 01/01/2020 - 3/31/2020	\$	Reasons of wages reduction	

Expected incomes for the period applied:		Expected expenses for the period applied:	
Wages to be received	\$	Rent	\$
Welfare to be received	\$	Utilities	\$
Unemployment to be received	\$	Others - list	\$
US stimulus check(s) to be received	\$	Others - list	\$
Assistance to be received from other sources	\$	Others - list	\$
Total amount to be received	\$	Total amount to be expended	\$
Received less expended / (Needy)			\$

Applicant signature		Date	
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For Office Use

Description of the assistance provided:

List	\$
List	\$
List	\$

Purpose of the aid given			
Objective criteria for disbursing assistance			
Recipients were selected	Needy basis (); Others (); explain:		
Committee approving the assistance	Signed		Date