

WAYFINDERS VILLAGE

Family Stabilization Fund Application

Applicant Information

Full Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Current Address: _____

Adults in Household: _____ Children in Household: _____ Ages of Children: _____

Household and Employment Snapshot

Employment Status: Full-Time / Part-Time / Unemployed / Self-Employed / Other _____

Employer Name: _____ Monthly Household Income: \$ _____

Receiving Other Assistance? _____

Assistance Request

Type of Assistance: Rent / Mortgage / Utilities / Transportation / Medical / Other _____

Amount Requested (maximum \$1,000): \$ _____

Vendor and Bill Information

Vendor / Company Name: _____

Account Number (if applicable): _____ Amount Due: \$ _____

Due Date: _____ Vendor Contact Information: _____

Required attachment: bill, invoice, notice, or statement showing the balance owed.

Explanation of Financial Hardship

Please provide a detailed explanation of the situation that led to your current financial hardship. Include what specifically happened, when the situation began, how it has affected your ability to pay this bill, and why this expense is critical to your household stability at this time. Be as specific as possible. This information is used to determine eligibility and urgency.

Plan for Stability

Please explain the steps you are taking to improve your financial situation and prevent this hardship from happening again. Examples may include securing employment, returning to work after leave, adjusting your budget, reducing expenses, or accessing support resources. Your response should show how this situation is temporary and how this assistance will help you regain stability.

Ongoing Payment Ability

If this request is approved, will you be able to maintain your future payments moving forward? Please explain what will be different after this bill is paid, how you will stay current on future payments, and any changes in income, expenses, or support that will help you maintain stability.

Impact on Household (Optional)

How will receiving this assistance impact your household and children?

Certification and Consent

I certify that all information provided is true and accurate to the best of my knowledge.

I understand that this program is intended for temporary, emergency financial situations and is not ongoing support.

I understand that funds will be paid directly to the vendor, not to me, and that submission does not guarantee approval.

I authorize Wayfinders Village to verify information with the listed vendor if needed.

Signature: _____ Date: _____