

Applicant Information

At Jamie's Vision, our mission is to support children in need across Chatham County by providing essential resources and assistance. We understand that families may face unexpected challenges, and we're here to help where we can.

Please complete the application below with as much detail as possible. This information allows us to better understand your situation and determine how we may be able to assist.

Submitting an application does not guarantee assistance. Each request is carefully reviewed, and support is provided based on available resources and eligibility.

Applicant Supporting Documentation

Please submit the following supporting documentation for consideration of assistance:

- Copy of photo ID of applicant
- Proof of child/children living in home. Example: School document with address.
- Proof of employment/income. (This may be apparent on bank statements from direct deposits. Another option is a letter from your employer or recent pay stub.)
- For assistance with Utility bills, please also submit the following with application:
 - Copy of utility bill in applicants name.
- For assistance with Rent/Mortgage, please also submit the following with application:
 - Proof that Rental agreement is in applicant's name and evidence eviction will not occur with our assistance. (Letter from Landlord or property management group.)
 - Most recent mortgage statement.
 - Evidence that foreclosure will not occur with our assistance.
- For assistance with Medical Bills, please also submit the following with application:
 - Copy of medical bill in applicants name/name of child

All supporting documents should be submitted with application for assistance. Applications are reviewed by Jamie's Vision Board and require a majority vote to assist. Applicant will be notified once reviewed and voted on. Please scan and email the application and supporting documentation to JamiesVisionChatham@gmail.com. If you do not have the ability to email, please mail to the address in the header.

Please note that while we do our best to assist as many families as possible, not all applications can be approved. Assistance is provided based on eligibility, demonstrated need, and available resources. We appreciate your understanding and remain committed to helping as many children as we can.



JAMIE'S VISION ASSISTANCE APPLICATION

Jamie's Vision Inc
Po Box 416
Pittsboro, NC 27312

Applicant Information

Applicant Name : Age :

Date of Birth : Parent/Guardian :

Address :

Phone : County of Residence :

Is the Applicant receiving any assistance from another agency/group? :

If yes, please specify who is providing the assistance and provide a summary of assistance being provided below.
Please be very detailed (Ex: Food Stamps, Housing Assistance, Medicaid, Non-Profits, Churches, Etc.)

Minor Information

Please list names and ages of all children in household (under the age of 18 or otherwise dependent).
If more children need to be listed, please list them on the back of this page.

Name: Age :

Name: Age :

Name: Age :

Name: Age :

Assistance Information

Detailed description of why the family/child needs assistance:

List of any needs the family/child may require (ex. Money, bills paid, etc):

Current Employer: If unemployed, please provide last date of employment and previous employer.

Name of person submitting application: Phone :

☐ I certify that information provided is a true and accurate applicant's financial condition.

Signature of person submitting application : Date :

Please scan and email the application and supporting documentation to jamiesvisionchatham@gmail.com.

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