



**FOR OFFICE USE ONLY:**  
APPROVAL CODE:

## Emergency Financial Assistance Request Application

**Date of request:** \_\_\_\_\_

### **Type of Need:**

Please check all that apply:

- Food (Meals or Groceries)
- Utilities (SRP, City of Phoenix Water)
- Housing Assistance (Rent, Mortgage)
- Clothing
- Transportation (Gas, Car repair)

### **Section A- Determination of Net Eligible Loss/Expense**

Applicants applying for assistance from Gervonni Cares, Inc. must have a documented hardship or an emergency that has caused a financial hardship for emergency financial assistance over \$25.00. This one-time event or emergency must be: (1) an event or occurrence that calls for immediate action, or (2) any need following a sudden or unexpected circumstance that was unforeseen by the applicant and beyond applicant's control.

Examples of emergency situations that could be considered as a basis for assistance include but are not limited to: (1) natural disaster such as flood, hurricane, or tornado, resulting in destruction of primary property or displacement of primary residence; or (2) death in immediate family (spouse, parent, child), or life-altering accidents.

**Common life occurrences such as routine car checks, home maintenance, monthly bills, financial hardships caused by garnishment and loans, animal care, non-emergent personal care, and living beyond one's means are not considered qualifying events.**

Applicant Name: \_\_\_\_\_

Applicant address: \_\_\_\_\_

County and State: \_\_\_\_\_

Applicant Contact phone number: \_\_\_\_\_

Applicant email address: \_\_\_\_\_

Applicant ID (State or Federal): \_\_\_\_\_ Expires: \_\_\_\_\_

**Describe your reason for requesting or applying for emergency assistance\* and what steps you have taken to find other resources to address this matter. \*Funding is designed to help pay a bill that you cannot pay and will put you in arrears. Payments are made payable to the applicant vendor listed on the invoice or billing statements. More information may be requested at the time of processing and it's the responsibility of the applicant to assist with providing additional information, including obtaining W-9 forms from vendors, account numbers, invoices, and contacts.**

**Household yearly income size: (Include spouse and all other sources of income or aid including local, state, and federal agencies, and other non-profit organizations).**

- \$0 to \$25,000
- \$25,001 to \$40,000
- \$40,001 to \$55,000
- \$55,001 to \$60,000

**Rent/Mortgage monthly installment:** \_\_\_\_\_

**Members in your household (that you provide full support to only):**

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

5. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

If you are requesting assistance for SRP or City of Phoenix water, please provide your account number: \_\_\_\_\_

If you are requesting housing assistance, please provide your landlord's name, address and phone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY:

Approved Request: Yes \_\_\_\_\_ No \_\_\_\_\_ Approver: \_\_\_\_\_

Amount Approved: \_\_\_\_\_ Date of fund submitted: \_\_\_\_\_

Who received funds: \_\_\_\_\_ Confirmation Number: \_\_\_\_\_