

Diana United Fund (DUF) Assistance Request

• Source of Income **for entire household:**

Disability, yes _____ no _____ monthly _____

Social Security, yes _____ no _____ monthly _____

Retirement, yes _____ no _____ monthly _____

Job, yes _____ no _____ monthly _____

• Rent / Mortgage: yes _____ no _____ monthly _____

• Number in household over the age of 65, yes _____ no _____ how many _____

• Number in household between the age of 18 & 65, yes _____ no _____ how many _____

• Number in household under the age of 18, yes _____ no _____ how many _____

• Is utility bill that needs assistance being paid on time, yes _____ no _____ *

*If no, please explain: _____

Signature: _____ Date: _____

(Approval decisions will be made in **1 to 3 days** after the board has examined all applications received. If approved, amount of assistance could be reduced determined by funds available)

“Diana United Fund is not responsible for out-of-date or spoiled food”

----- **DO NOT WRITE BELOW THIS LINE** -----

Is there a pattern of requested assistance, yes _____ no _____

Has DUF found person requesting assistance to be fraudulent with any answered questions,

yes _____ no _____

Application approved, yes _____ no _____

Remarks:

Verifying Officers: _____ Date: _____