

# Chatham Relief Fund

An Emergency Resource for Local Families with Children



## Application Form

Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Are you the head of the household?  yes  no

### Please check one off the following boxes for each head of household:

Are you currently employed?  Yes  No

If not employed, are you returning to a job later this year? \_\_\_ Yes \_\_\_ No

How many children under 18 live in your home with you? \_\_\_\_\_

List names and ages of children under 18 living in your home:

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

### Please explain your emergency

What is the emergency? \_\_\_\_\_

\_\_\_\_\_

When did it happen? \_\_\_\_\_

What do you want to do to solve the problem? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Please list places and organizations you have contacted for help with your emergency:

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

*Your application will be reviewed and you will be contacted if an award is made.*