

INQ Family / Individual Assistance Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_

Household member(s):

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

1. Were you working prior to the pandemic? Yes No

2. Where were you working? \_\_\_\_\_

3. Are you currently working? Yes No

4. Did you lose income? Yes No How much? \$ \_\_\_\_\_

5. Have you received other assistance? Yes No How much? \$ \_\_\_\_\_

6. Have you filed for unemployment? Yes No

7. Have you received unemployment benefits? Yes No

8. What is your most pressing need at this time?

Rent \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ (Special dietary?) Utilities \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_ Health care \$ \_\_\_\_\_ Household/Cleaning products \$ \_\_\_\_\_

Pets \$ \_\_\_\_\_ Children's Needs \$ \_\_\_\_\_ Other \$ \_\_\_\_\_