

Longville Area Food Shelf
Application for Emergency Assistance

Instructions: Fill out the form below (**legibly**) and attach supporting paperwork. The completed application can be submitted by email to longvillefoodshelf@outlook.com, by mail to PO Box 308, Longville, MN 56655, or in person to the Executive Director at the Longville Area Food Shelf.

Eligible applicants must live within 50 miles of Longville.

1. Applications must be approved by the LAFS Emergency Assistance Committee.
2. Applications must be submitted with supporting documentation: Original copies of invoices or estimates from a known service provider.
3. Application must be complete and legible.

Your Information:

Name: _____ Address: _____
Phone: _____ Is Texting, ok? ____ Email: _____
Monthly income amount & source (**Include all income**): Income #1 \$ _____ Source _____
Income #2 \$ _____ Source _____ Income #3 \$ _____ Source _____

Spouse/ Significant Other Information:

Name: _____ Living with you: ____ YES ____ NO
Monthly income & source of income: Income #1 _____ Income #2 _____

Number of Children (17& under) living in your home (Names & Ages)

Child 1: _____ Child 2: _____ Child 3 _____
Child 4 _____ Child 5 _____ Child 6 _____

Other Adults (18 and older) living in your home: (list any others on back of form)

Name & Age: _____ Monthly Income & Source: _____
Name & Age: _____ Monthly Income & Source: _____
Name & Age: _____ Monthly Income & Source: _____

Estimated Monthly Expenses:

Housing: Rent _____ Own _____ Monthly Amount \$ _____ Homeowners/Renters Insurance: \$ _____
Electric: \$ _____ Heat: \$ _____ Water: \$ _____ Phone: \$ _____ Internet: \$ _____
Car Payment: \$ _____ Auto Insurance: \$ _____ Credit Cards: \$ _____
Other loans: \$ _____ Other: \$ _____ **Total \$** _____

Describe what assistance is requested and why it is needed. Attach a supporting invoice or estimate.

How much are you requesting? \$_____ How much are you able to contribute? \$_____

☐ Check here if funds are needed within 24 business hours

Confidentiality, Permissions, and disclosures:

- I have requested the Longville Area Food Shelf provide emergency assistance.
- I understand that I am responsible for submitting all the required documentation.
- I have provided personal and confidential information to the Longville Area Food Shelf to assist in providing the requested assistance.
- I authorize the Longville Area Food Shelf to discuss my information with agencies and individuals involved in providing the requested assistance.
- I grant permission to call later for updates
- I understand that due to fund availability, I may not receive the total amount of funds requested.
- I understand that I will not receive cash, nor will money be deposited into my personal bank account.
- I understand that all parties involved in the distribution of LAFS funds are not liable in any way for services or goods purchased with LAFS funds.
- I will ensure LAFS funds are not used for any unlawful purpose by me or anyone in my household.
- I understand that using foul or abusive language, arguing, or hanging up on a food shelf representative will immediately disqualify me from emergency assistance now and in the future and a report will be filed with the sheriff's office.
- I understand that providing false information or misrepresenting my finances will make me ineligible for emergency assistance.
- I understand that completing the application does not guarantee assistance.
- I agree to "pay it forward" by helping someone in need when I'm able.
- I understand that I may submit a complaint to the committee if I believe I have not been treated fairly.

Applicant's Signature

Date