



**UNITED WAY OF NORTHEASTERN MINNESOTA ECONOMIC ANALYSIS**  
**“LIVE UNITED for Families in Crisis” Fund**

Applicant Name: \_\_\_\_\_ SS# \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Address: \_\_\_\_\_ Applicant Ph #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Employment Ph #: \_\_\_\_\_ Lay off date: \_\_\_\_\_

<b>A. Present Financial Resources</b>	<b>Per Month</b>	<b>Explanation/Itemization</b>
Income from Present Job(s)	\$	(Include all household member incomes)
Unemployment Insurance	\$	
Supplemental Unemployment	\$	
Food Stamps	\$	
MFIP or other cash assistance	\$	
Grants (Pell, State, SEOG, Childcare...)	\$	
Loans, Scholarships	\$	
Savings	\$	
Child Support (received)	\$	
Other (Specify)	\$	
<b>A. TOTAL</b>	<b>\$</b>	
<b>B. Basic Living Expenses</b>	<b>Per Month</b>	<b>Explanation/Itemization</b>
Housing (rent, mortgage...)	\$	
Utilities (heat, phone, electricity, water, garbage...)	\$	
Food	\$	
Transportation (gas, oil, repairs, bus...)	\$	
Child Care	\$	
Medical (Doctor, Dentist, prescriptions...)	\$	
Time Payments (car, credit cards, student loans...)	\$	
Insurance (car, health, house, renters...)	\$	
Child Support Payments	\$	
Education (Required tools, tuition, books...)	\$	
Other Miscellaneous (specify)	\$	
<b>B. TOTAL</b>	<b>\$</b>	
<b>FINANCIAL NEED</b> (Subtract TOTAL B from A)	<b>\$</b>	To issue EFA: TOTAL B <u>must be larger</u> than TOTAL A

Requesting payment on: \_\_\_\_\_

(United Way does not make cash distributions; payments to vendors only. Please submit bill you wish to have United Way send funds to directly)

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
United Way Signature

\_\_\_\_\_  
Date

Receipts or bills **REQUIRED** for all **Basic Living Expenses** Exception: Food and Transportation (may use UW estimate - See EFA)

**EFA - EMERGENCY FINANCIAL ASSISTANCE - INSTRUCTIONS**

**Amount:** \$250 maximum

**AN ECONOMIC ANALYSIS FORM MUST BE COMPLETED:**

1. prior to approval;
2. with each request; AND
3. attached to a Request for Reimbursement Form

Under **Section A: Present Financial Resources** include:

- ALL INCOME for the month; and
- ALL REIMBURSEMENTS made by UW in the past

Under **Section B. Basic Living Expense** include:

ONLY current month expenses; AND

AND if a bill is in arrears and due in full, the participant needs to work out a payment plan with the company to get the bill paid off - **whatever that monthly amount is** can be used as a Basic Living Expense.

**REQUIRED back-up documentation:**

- Copies of all monthly income statements
- Copies of **actual** current month's bills
- Copies of cancelled checks
- Copies of bank statements (any checking, savings or cd statements)

Food and transportation estimates can be used under **Basic Living Expense** (see below):

FOOD ESTIMATION:

Single person	-	\$175.00
Family of 2	-	\$292.00
Family of 3	-	\$395.00
Family of 4	-	\$510.00
Over 4	-	add \$100.00 each add'l person

(Official USDA Food Plans: Cost of Food at Home at Four Levels, U.S. Average, 10/99)

TRANSPORTATION ESTIMATION: Bus pass amount or \$100/month or \$.325 per mile

If there is any additional information you feel it is important for us to know please write it on the back of this application.

*Because of the limited pool of funds available to help families, the United Way of Northeastern Minnesota Committee reserves the right to final decisions in regard to distributions.*

**For questions call the United Way office at 218-254-3329**

**Applications and documentation can be mailed to:**

**United Way of NE MN Crisis Fund**

**229 W. Lake St.**

**Chisholm, MN 55719**