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Community Assistance Application

The United Way of the U.S. Virgin Islands is offering assistance programs that vary in their scope to the U.S. Virgin Islands community. This is a general application to place applicants in appropriate programs to assist. We have all faced challenging times since the hurricanes of 2017 and continue to face hardships which were caused by the storms or existed. This new assistance program is in place to help our community.

Please fill out the following information with accuracy and to the best of your ability. All applications will be reviewed and a decision will be relayed to each applicant.

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone: () _____ Email Address: _____

Have you been affected by the recent hurricanes? Yes or No
If yes, please explain.

Are you currently employed? Yes or No

What is your current household size? _____

Do you have any current medical needs? Yes or No

If yes, please explain on the space provided below. If you wish to omit any information due to privacy concerns on the application, please indicate that you would like to disclose your information to an advisor during the application review process.

Do you have any housing or general utility challenges? Yes or No

If yes, please explain on the space provided below.

If you have anything further to add to this application, please do so on the space provided below.

Community Assistance Application Items List

Please choose items which benefit your current needs or situation:

Item List:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Rice | <input type="checkbox"/> Juice(s) | <input type="checkbox"/> Soap | <input type="checkbox"/> Backpack |
| <input type="checkbox"/> Spaghetti | <input type="checkbox"/> Bottled Water | <input type="checkbox"/> Shampoo | <input type="checkbox"/> Pencils |
| <input type="checkbox"/> Macaroni | <input type="checkbox"/> Milk | <input type="checkbox"/> Toothpaste | <input type="checkbox"/> Notebooks |
| <input type="checkbox"/> Pasta | <input type="checkbox"/> Energy Drinks | <input type="checkbox"/> Mouthwash | <input type="checkbox"/> Pens |
| <input type="checkbox"/> Soup | <input type="checkbox"/> Nutritional Drinks | <input type="checkbox"/> Towels | <input type="checkbox"/> Kids' Books |
| <input type="checkbox"/> Beans | <input type="checkbox"/> Coffee | <input type="checkbox"/> Clothing | <input type="checkbox"/> Toys |
| <input type="checkbox"/> Peas | <input type="checkbox"/> Tea | <input type="checkbox"/> Hygiene Products | <input type="checkbox"/> First Aid Kit |
| <input type="checkbox"/> Canned Vegetables | <input type="checkbox"/> Baby Milk | <input type="checkbox"/> Toilet Paper | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Canned Meat | <input type="checkbox"/> Water | <input type="checkbox"/> Paper Towel | <input type="checkbox"/> Adolescent Diapers |
| <input type="checkbox"/> Crackers | <input type="checkbox"/> Lotions | <input type="checkbox"/> Liquid Cleaners | <input type="checkbox"/> Adult Diapers |
| <input type="checkbox"/> Peanut Butter | <input type="checkbox"/> Cleaning Wipes | <input type="checkbox"/> Baby Wipes | <input type="checkbox"/> Baby Formula |
| <input type="checkbox"/> Nuts | <input type="checkbox"/> Dish Liquid | <input type="checkbox"/> Sponge | <input type="checkbox"/> Flashlights |
| <input type="checkbox"/> Cereals | <input type="checkbox"/> Pet Food | <input type="checkbox"/> Trash Bags | <input type="checkbox"/> Batteries |
| <input type="checkbox"/> Fruit Preserves | <input type="checkbox"/> Bandages | <input type="checkbox"/> Men's Hygiene | <input type="checkbox"/> Feminine Hygiene |
| <input type="checkbox"/> Other _____. | <input type="checkbox"/> _____. | <input type="checkbox"/> _____. | <input type="checkbox"/> _____. |
| <input type="checkbox"/> _____. | <input type="checkbox"/> _____. | <input type="checkbox"/> _____. | <input type="checkbox"/> _____. |

I declare all the information contained in this application to be true and correct.

Applicant's Signature & Date

Representative's Signature (Person who filled out form)