Urban League of
Broward County

Families First Community Relief Fund
An Urban League of Broward County Restore 954 Initiative

The Urban League of Broward County Families First Community Relief Fund was established to help Urban League clients and other Broward County individuals and families impacted by Hurricane Irma by providing financial assistance to address emergency needs.

CRITERIA
- Applicant and/or household member must be a current client of the Urban League of Broward County.
  - Income shall not be a consideration for assistance, but may be considered when determining if the client would benefit from a referral to Center for Working Families (CWF) or other services.
  - Client must be able to demonstrate that receiving this financial assistance will solve his or her existing problem and not just postpone it.

FINANCIAL ASSISTANCE
- The maximum amount of assistance the fund will provide per household is $1,000.
- Only one request for assistance per household will be granted.
- Funds are intended to satisfy emergency needs and/or gap including but not limited to the following:
  - Rental Assistance
  - Food
  - Transportation (Gas/Bus Cards/Car Payment)
  - Utilities (FPL/Water)
  - Child Care
  - Home Repairs
- Funds will be disbursed directly to vendors. Clients who request support for food or gas will receive gift cards; those who request support for public transportation will receive bus passes.

COMPLETING THE APPLICATION
- Complete entire application and provide as much detail regarding your circumstance as possible.
- Be sure to attach all requested documentation.
- Submit the application to your ULBC program staff person.

Date of Submission: _____   Program Name: _____

Last Name:_____ First Name: _____ Middle Initial: _____
Date of Birth or Age: _____
Gender: □ Male □ Female □ Other
Home Address: _____
Home Phone: _____ Cell Phone: _____
Email Address:_____
# of Adults in Household: _____   # of Children in Household: _____

Demographics:
Ethnicity: □ Hispanic   □ Non-Hispanic
Race: □ White   □ African American or Black   □ Native American   □ Asian
               □ Hispanic   □ Multiracial (Hispanic)   □ Multiracial (Other) □ Declined

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Request for Financial Assistance
□ Rental Assistance   □ Food   □ Transportation (Gas/Bus Cards/Car Payment)
□ Utilities (FPL/Water)   □ Child Care   □ Home Repairs
□ Other: _____

Summary of Request (explain in detail your request for assistance: what are you requesting, why you are unable to pay for it and/or why you want to be reimbursed for the expense, deadline for payment, employment status and activity, etc. Please be as detailed as possible. You must be able to provide documentation for the request.)

_____
_____
_____
_____
_____
_____
_____
_____
_____

Total Amount of Request: $_____

Please indicate if you are seeking any of the following assistance:
□ Mortgage Assistance (Please contact your lender or Urban League Housing Counselor for assistance)
□ Unemployment (Please file a reemployment or disaster unemployment claim with Department of Economic Opportunity)
□ Small Business Relief (Please file a claim with the SBA Small Business Relief Loan)

Required Documentation (Please check that the following documents are included.)

□ Copy of Driver's License, Government-Issued ID or other identification with photograph
□ Copy of bills, invoices, etc for which you have requested support
□ Copy of your two most recent pay stubs
□ Other Documentation (please indicate): _____

_____

DECLARATION OF APPLICANT: By signing this application, I verify all information presented is true and correct to the best of my knowledge. I understand the Urban League of Broward County may request additional information before approving this request. Unsigned and/or incomplete applications will not be accepted.

□ **OPTIONAL:** By **checking** this box, I am willing to share my story and give the Urban League of Broward County and its funders full authorization to use a photograph/video of me for promotional purposes at any time and/or following my participation in an Urban League of Broward County Program.

Print Name: _____

Signature: _____

Note: Urban League of Broward County has the sole right to make decisions regarding the Fund. The Urban League of Broward County also reserves the right to make amendments as deemed necessary to fulfill the goals of the Fund.

Internal Use Only

Date Application Received: _____**Received by:**_____

Decision Date: _____**Request Funded:** □ Yes □No **Amount Funded:** _____

If denied, reason for denial: _____

_____

Notes: _____

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