

IRISH COMMUNITY RELIEF EFFORT

COMING TOGETHER WHILE STAYING APART



HARDSHIP FUND APPLICATION FORM

Please completed this form and return by email to emily@idcphila.org for review. All applications are confidentially reviewed without identifying information by a committee and determination is based on need. Applications are reviewed on Thursdays and checks cut on Fridays.

Primary Applicant Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Email: _____

Date of Birth: ____/____/____ Arrival in the US (MM/YYYY): ____/____

I or someone in my house is an Irish Citizen: ___Yes ___No Place of Birth: _____

Employment Information

Employer: _____ Job Title: _____

Employer phone: _____ - _____ - _____ Email: _____

Industry: _____ Date you last worked: ____/____/____

Household Information

Head of Household: _____

Number in household: _____ Average Annual Income : _____

Family Members # under 18 _____ # between 18 & 65 _____ # over 65 _____

Is anyone in your home eligible for unemployment: ___Yes ___No
If yes, have you applied ___Yes ___No

Please use the below area to indicate what your request is for and how much is needed:

TOTAL AMOUNT REQUESTED: _____ \$ _____

Please indicate why you need this funding: _____

Please fill out the information below only for the funds requested.

Housing Information

Own or Rent your Home: ___Rent ___Own

If rent

Name of Landlord: _____ Amount of monthly rent \$ _____

Landlord Phone: _____ - _____ - _____ Lease expiration date (MM/YYYY) _____ / _____

If own

Mortgage Lender: _____ Monthly payment: \$ _____

Utility Information

Electric/Gas Provider: _____ Amount Owed: \$ _____

Water Provider: _____ Amount Owed: \$ _____

Phone Company: _____ Amount Owed: \$ _____

Internet Provider: _____ Amount Owed: \$ _____

Other Payments

Car Loan

Lender: _____ Monthly Payment \$ _____

Emergency Health Care

Provider: _____ Amount Owed: \$ _____

If approved, you will be asked for bills for payment information as funds are paid direct to provider when possible. Reimbursement for the above types of payments may be made with proof of payment including cancelled check or credit card/bank statement.

Which Irish organization are you most closely affiliated with:

Irish Diaspora Center _____ GAA _____ Commodore Barry Arts and Culture Center _____

Irish American Business and Chamber Network _____ Society of the Friendly Sons of St. Patrick _____

Other _____ (please explain): _____

Pursuant to the provisions of 28 U.S.C. § 1746, I verify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on _____.

Applicant signature: _____

Email: _____ Phone: _____ - _____ - _____

Please complete this form, print out, sign, and scan or snap a picture and return via email to emily@idcphila.org. If you are unable to print the document or need assistance, please contact Emily Ashinhurst at 484-886-9028.