

Community **Kindness** Program



Personal Information

Full Name:

Date of Birth:

Address:

Email:

Phone:

Type of proof of residence attached (utility bill, lease agreement or other document verifying your address):

Household Information

Number of People in household:

Adults:

Children

Annual Household Income (please provide a copy of your most recent tax return or paystub):

Request for Assistance

Utility Bills

Medical Bills

School Supplies

Job Search Assistance

Shop With A Cop

Sports Scholarships

Community Connect Services

Other (please specify)

Amount of Assistance Needed (Provide the amount needed for each type of assistance checked above):

Description of Need (Please provide a detailed explanation of the situation that has led to your request for assistance. Include any relevant documentation such as bills, medical bills or proof of job loss):

Have you received assistance from the Community Kindness Program before: Yes No

If yes, please provide details (dates of previous assistance, amount received and type of assistance)

Community Kindness Program



Referral Information

Were you referred by a community partner? Yes No

Were you referred by The Sandy Police Department? Yes No

Please provide the name + contact of the person or organization who referred you:

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Applicant Statement:

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in the denial of my application and may disqualify me from receiving future assistance from the Community Kindness Fund. I also understand that this application will be reviewed by the Community Kindness Fund Board, and I will be notified of their decision within two weeks of submission.

Applicant Signature:

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Date of Submission:

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For Office Use Only:

Application Received By:

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Date Received:

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Board Review Date:

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Decision (approved/modified/denied):

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Comments (Additional notes from the Board):

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Board Signature:

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