



Lake George Region Women For WIN, Inc.

P.O. Box 110
Lake George, NY 12845
(518) 812-8279
admin@lgwin.org
lgwin.org

WIN APPLICATION FOR ASSISTANCE

An Incomplete Application Will Be Returned

READ THIS DISCLAIMER CAREFULLY: It is the desire of Lake George WIN to assist the applicant with their current need. Please understand that WIN cannot assist all applicants. WIN is a public charitable organization and does not receive any funding from either the state or federal government. WIN relies on your statements below in making decisions on granting assistance and it is in WIN's sole discretion as to the applications that will be approved and the extent of assistance available. WIN DOES NOT GUARANTEE TO PROTECT YOUR CONFIDENTIALITY but will attempt to keep your information as private as possible.

Name of Applicant: _____

Address: _____

Email Address: _____ Phone #: _____ DOB: _____

Married ___ Single ___ Referred By: _____ Referral's Phone #: _____

Please provide an explanation describing your current need:

Please Note: Rent assistance is limited, at the discretion of WIN, to a maximum of \$500.00 and is paid directly to the landlord. If you are applying for assistance with your rent, you must include the amount of your monthly rent and the name, address & phone number of your landlord. WIN does not provide funds for security deposits.

Are you currently working? _____ Full or Part Time: _____ Position: _____

Employer Name: _____ Phone #: _____ Income: _____

Please list the name, age, occupation and monthly income of all other adults in your household:

Do you, or does anyone in your household, receive the following? If yes, please provide the monthly dollar amount:

			<u>Amount</u>
Unemployment Benefits	_____ No	Yes _____	_____
Social Security Benefits	_____ No	Yes _____	_____
Disability Payments	_____ No	Yes _____	_____
Child Support	_____ No	Yes _____	_____
SNAP (Food Stamps)	_____ No	Yes _____	_____
WIC	_____ No	Yes _____	_____
Heating Assistance	_____ No	Yes _____	_____
Housing Assistance	_____ No	Yes _____	_____
Temporary Assistance Grant	_____ No	Yes _____	_____
Section 8 Voucher	_____ No	Yes _____	_____

Are you receiving any other aid from "private organizations" not funded by county, state or federal government? _____
If yes, explain the type of aid and amount received:

Please list the ages of all children under 18 in your household: _____

Do you know any member of WIN? _____ If yes, Name: _____ Phone #: _____
How do you know the member? _____

Please provide the names and contact information for 2 references (individuals or agencies) who can attest to your current situation. If you named an individual - state their relationship & phone number. If you named an agency - state the contact name & phone number (permission must be given to the agency to speak to WIN).

I have answered all the questions above and attest that the information is true. I give consent to WIN to contact any individual and/or agency, whether noted in this application or not, to validate my situation. I understand that WIN may or may not be able to provide assistance. I acknowledge I have read and understand the disclaimer above and accept it.

Signature of Individual in Need: _____ Date: _____



AN INCOMPLETE APPLICATION WILL BE RETURNED