THE SOUTHERN NEW JERSEY MILITARY FAMILIES ASSISTANCE FUND
APPLICATION FOR ASSISTANCE

Please complete the information below. **Personal and financial information will not be shared.** United Way of Atlantic County will contact you directly about your application at the phone number you provide.

Name of Applicant _____

Address _____
Street Town Zip Code

Phone _____
Home Cell Work

Email _____

 # Adults_____ **# Children** _____ **Ages** _____

Date _____ **Referred by** _____

Describe the current issue you face, and the need for assistance. Please feel free to include additional pages.

_____

_____

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_____

What is the cost of the unexpected expenditure? _____

Please identify who in your family is in the military and their current status._____

_____

Print Name _____

Signature_____ **Date**_____

Please return the completed application to:

By Mail: United Way of Atlantic County
The Southern New Jersey Military Families Assistance Fund
4 East Jimmie Leeds Road
Suite 10
Galloway, NJ 08205

By Fax: 609-404-4303
Attn: F. Wise

For questions about this application, **call 609-404-4483 x23**