**PAMANA Economic Relief Application Form**

**Instructions**

Please fill out the following info. PAMANA will assess this info to assess your request for economic relief. Depending on the circumstances of your request, PAMANA may ask you to provide further information.

**Evaluation**

The PAMANA Board following recommendations from the Social Services Committee, reserves the right to approve/disapprove applications. Applying does not guarantee that the request will be granted. The evaluation of the application includes meeting the criteria, number of applicants at the time of submission, funding availability and priorities for the term.

**Confidentiality**

Non-public information shared on this application will remain confidential and are used for the committee evaluation purposes only.

**Announcements**

If the application is approved, you give your consent for PAMANA to share an announcement about the assistance provided to inform its stakeholders, members and supporters on the existence of the Social Services programs that may benefit other individuals/groups facing similar situations. If you wish to be anonymous as a recipient of the award, you must signify on the check box below.

**Anonymous  I wish my application to be anonymous**

**Economic Relief Request**

Please check the reason for the economic relief request from the choices below.   
  Loss of Job/Reduction of Income

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Address | Employment Date | Occupation |

Loss/Damage of Residence (May include fire, eviction or other causes)  
  Death

|  |  |
| --- | --- |
| Name of Deceased | Relationship to Applicant |

Catastrophic Event (May include flood, earthquake, hurricane, pandemic, fire, tornado, and other catastrophic events)  
  Other Types of Assistance Request, Pls. specify

**Applicant Information**

First Name:  Last Name:

Membership: Choose an item. Referred by (if applicable):

Full Address: Address City State Zip Country

Phone Number: Email Address:

Marital Status: Choose an item. No. of Dependent(s): Age(s) of Dependent(s):

Representing: Choose an item. Name/Organization Address City State Zip Country

Organization Description

**Additional Info**

Please provide any additional information that further describes your situation, especially if life or health-threatening or an emergency. The additional information could be in a form of attachment example: pictures, video, link to the news article, written request with detailed explanation etc.

**Other support**

Are you seeking assistance from other sources? Please explain.

**Declaration**

I certify that the information provided above is true and correct and that I have not withheld any information likely to affect the acceptance of request. I understand that my request may be denied if the information supplied is untrue, or I have not revealed all relevant facts.

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 Name of Applicant Signature Date

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**Reviewed By:**

Reviewer Confidentiality Agreement. All Reviewers MUST agree to the confidentiality agreement to review the grant application.

Reviewed Date:

Accept Amount:

Deny Reason for Denial: