



## At Need Assistance Program Application

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Before moving forward with your application, please take a moment to carefully review and confirm that you meet all of the basic eligibility requirements for receiving assistance from The Ferguson Foundation. This step is essential to ensure that you qualify for the support provided by our programs.

### Eligibility Requirements

Please check the following boxes to confirm your eligibility:

- I reside within The Ferguson Foundation's service area.
  - I have provided income verification for all individuals over the age of 18.
  - I am currently employed or was recently unemployed within the last 6 months.
  - The assistance I am requesting is for my primary residence.
  - If requesting assistance for rent or mortgage, the lease or mortgage is in my name.
  - I am the primary applicant; this application is not for roommates or other family members.
  - I understand that assistance cannot be provided for rent in student housing or government-subsidized housing.
  - The utility bill I am requesting assistance for is in my name.
  - I have provided documentation verifying my emergency and lack of financial resources.
  - I will provide any necessary documents to support my need for assistance (e.g., receipts from unexpected bills, police reports, medical documentation).
  - I have completed a Budget Analysis Form and signed a Consent to Release of Information.
  - I have not received funds from The Ferguson Foundation in the last year or more than two times within the last five years.
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Empowering Families Through Compassionate Support

**Applicant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is this phone number provided a cell phone?  Yes  No

If so, can we text you updates regarding your application?  Yes  No

**Residency Verification**

Do you reside within The Ferguson Foundation’s service area?

Yes  No

**Income Verification**

Please provide income verification for all individuals over the age of 18 in your household.

**Household Members (Name/Age/Income):**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Employment Status**

Are you currently employed or recently unemployed (within the last 6 months)?

Employed  Self-Employed

Name of Employer \_\_\_\_\_

Recently Unemployed or Laid Off

Not Employed



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**Primary Residence**

Is the assistance requested for your primary residence?

Yes  No

If no, please explain: \_\_\_\_\_

**Lease or Mortgage**

If you are requesting assistance for rent or mortgage, is the lease or mortgage in your name?

Yes  No

If no, whose name is it in and explain your relationship to that person: \_\_\_\_\_

**Single Application**

Is this the only application submitted for your household?

Yes  No

**Utility Bills**

Is the utility bill in your name?

Yes  No

If no, whose name is it in and explain your relationship to that person: \_\_\_\_\_

**Emergency Verification**

Please briefly describe your emergency situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Funding History

Have you received funds from The Ferguson Foundation in the last year?

Yes  No

If yes, how many times in the last five years? \_\_\_\_\_

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### Supporting Documents

Please attach the following required documents:

1. Income verification for all individuals over 18.
  2. Documentation verifying your emergency and financial resources.
  3. Any additional documentation supporting your request.
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### Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false information may result in disqualification from receiving assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Instructions for Submission

Please submit the completed application and supporting documents by:

- **Uploading:** Use the Application Dropbox portal.
- **Email:** assistance@TheFergusonFoundation.org
- **Mail:** PO Box 244, Rochelle, GA 31079.