A picture containing drawing

Description automatically generatedDove Financial Assistance

Application for Emergency Financial Assistance

Name

Date of Birth (MM/DD/YYYY)

Address City Zip

County

Phone email

Are you a Veteran?

Are you laid off due to COVID-19?

What type of assistance are you asking for?

What is your account # How much can you pay towards the need?

How many people in the household? List all members of the household

Name Age Employment

Total Monthly Income $ Total monthly Expenses $

Matched funds are required for most needs.

For assistance with power - must be on and must meet WNCF guidelines – DeWitt and Macon Counties only. No help from any other agencies for power for 12 months.

Note: DFA does not give cash assistance. Checks are made to verified businesses and landlords. Support documents will be asked for in order to verify your household income and expenses. No assistance will be given without a photo ID. I as a client of DFA give permission to DFA tp contact churches, businesses, social agencies, and individuals, as needed to assist in the review of my request. I understand that I have the right to withdraw this permission in writing at any time. As a client asking for assistance from DFA I have to the best of my ability given DFA truthful information supporting this application. DFA can assist once every 366 days. DFA reserves the right to refuse service to anyone. Maximum allowable assistance through DFA is $300.

Signature Date

**Please email this completed form to** [**DFA@doveinc.org**](mailto:DFA@doveinc.org) **or fax 217.423.5025**

**For additional information about DFA, please see Dove’s website at doveinc.org**

**Phone number – 217.433.7435**