

NEXUS for Affordable Housing, Inc.
A California NonProfit
Emergency Relief Application

Recipient Information - Provide the following information for whom the assistance is being requested.

Name	Community you reside
Phone Number	Email Address

Please check (✓) ALL the boxes below which describes the recipient.

<input type="checkbox"/> Resident <input type="checkbox"/> <input type="checkbox"/> Retired	<input type="checkbox"/> Spouse / Domestic Partner <input type="checkbox"/> Dependent Child <div style="text-align: center;">_____</div> Name of Active Officer or Retired Officer
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Employment Status

Actively Working
 Leave of Absence with Pay
 Leave of Absence without Pay
 Retired with a Pension
 Retired without a Pension

Amount Requested

NEXUS Emergency Relief Received in the Past

Date	Amount
Date	Amount

Other Fund Raising Efforts - Ex. GoFundMe, ETC.

Source	Source
Date	Date
Amount	Amount

Reason For Request - Please provide a detailed description of the need for the requested assistance on page 2.

Requestor Information - Skip this section if you are also the recipient.

Name	Relationship to Recipient
Phone Number	Email Address

Requestor or Recipient Signature

_____ Signature	_____ Date
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Reason For Request - *Provide a detailed description of the need for the requested assistance.*

Please provide documentation for the information below such as a paycheck stub, bank account statements, utility bills, mortgage/rental statements, etc.

Income		Monthly
Gross Pay		
Pension Gross Pay		
Other Employment Gross Pay		
Spouse/Domestic Partner Gross Pay		
Rental Properties		
Investments		
Government VA (school)		
Workers' Compensation Pay		
Other Income		
Total Income		
Bank Accounts		Balance
Investment Accounts		Balance
Expenses		Monthly
Rent / Mortgage		
Property Taxes		
Food		
Utilities		
Phone		
Cable / Internet		
Vehicle Payment		
Vehicle Maintenance (gas, repairs, inc.)		
Car Insurance		
Child Support		
Alimony		
Other Expenses		
Total Expenses		
Credit Cards / Misc. Loans	Balance	Monthly
Total Credit Cards / Misc. Loans		

Office Use Only. To be completed by the Executive Director

Application Tracking	
Date application was received VIA EMAIL OR USPS	
Date application sent to NEXUS BOD Committee & ER Liaison	
Fiancial Documentation Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No

NEXUS Committee & ER Liaison Recommendation		
Type	Amount	Timing
NEXUS Grant Approved		<input type="checkbox"/> Board Meeting Approval <input type="checkbox"/> Urgent Need
NEXUS Emergency Relief to a provider:		<input type="checkbox"/> Board Meeting Approval <input type="checkbox"/> Urgent Need
Additional Comments		