

## SABETHA - City With Heart Assistance Fund

### Apply for Assistance

#### Who is eligible?

Any residents of the Sabetha, Kansas area or people who work in Sabetha, Kansas are eligible to receive a Chamber check as a part of this program. Eligibility will be determined by the following factors:

- Reduction of wages due to job status change
- Number of individuals in the household and
- Other household income available.

#### How is assistance distributed?

After you complete your application, a team of three people (one pastor, one Chamber member, and one GMCF Board member) will review the application.

If you have been determined to be eligible for this assistance, you will be contacted. Please ensure your contact information in this form is accurate.

Once approved, the chamber check (s) will be sent to you via mail. Please ensure that your mailing address is accurate. We are not responsible for delivery times and or errors on the part of the USPS.

#### Application Form

##### 1. Name

First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

*\_ If approved, your chamber check will be mailed to you at this address.*

Phone \_\_\_\_\_ (preferred number)

Email \_\_\_\_\_

Preferred method of contact to receive status of gift card eligibility? Check one

Phone Call

Text Message

Email

##### 2. Household Information

Please list all people currently in your household

Name of Person	Relationship to you	Is this person currently employed?	If employed, gross monthly income?
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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There are no other people

### 3. Employment Information

Who is your current or most-recent employer? \_\_\_\_\_

Which statement best describes your current employment situation?

I am currently fully employed

I am currently employed but my hours/pay has been reduced

I have recently been temporarily laid off with no pay

I have recently been permanently laid off

I have been unemployed for 2+ weeks

If you authorize us to confirm employment with your employer, please initial this box to indicate your consent:

I consent to you verifying my employment with my employer

Mail application to:

**GSCF**

**P.O Box 111**

**Sabetha, KS 66534**

Drop off location:

**United Bank & Trust drop off box next to the front door**

Online access:

**[www.sabethafoundation.org](http://www.sabethafoundation.org)**