



Diana United Fund (DUF) Assistance Request

Name: _____

Phone Number & photo ID Required: _____

Address (where you currently live): _____

Are You a Resident of New Diana ISD? Yes No

Note, if you checked **NO, STOP HERE**. Assistance (**other than food**) is available only to residents of New Diana ISD per DUF organization Guidelines.

Number of People Living in Household: _____ Number in household over the age of 18 _____

Are you Employed Yes No (If no, are you actively seeking employment Yes No

If employed, Place of Employment _____

Have You Requested Assistance from DUF in the Last 12 Months? Yes No

If YES, when? _____

Has it Been at Least Three (3) Months Since Last Assistance (other than food)? Yes No
(note: \$200 limit per transaction, \$600 limit per calendar year)

Explain reason for need of assistance: _____

"Diana United Fund is not responsible for out-of-date or spoiled food"

I certify that the information provided on this application is true & correct. I understand that receipt of assistance through misrepresentation, falsification, or fraud is punishable by fine or imprisonment and that I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION

Signature: _____ Date: _____

Approved: _____ Date: _____

-----DO NOT WRITE BELOW THIS LINE-----

Remarks Gift Cards Receipts: