



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 _____

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

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

If employed, how many in household are working _____

Place of Employment _____

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

If YES, when? _____

Has it been at least 3 months (2 months between) since assistance (other than food)? Yes ____ No ____

****If you checked NO, STOP HERE (\$200 max limit or less per occurrence, determined by available funds. \$600 limit per calendar year)****

Explain reason for need of assistance: _____
