AT HOME GROUP
Application for Assistance

Submit completed application to:
Katherine M. Olson, At Home Group, P.O. Box 50277, Minneapolis, MN 55405
Phone: 612.277.0216 Email: ss@athomegroup.org

_____

Your Name ***Your Phone Number*** ***Today's Date***

_____

Your Address ***City, State*** ***Zip Code***

_____

Email Address ***Name of Residence (if applicable)***

Contacts: Names and phone numbers of people who always know how to contact you;

Name: _____ ***Relationship:*** _____ ***Phone #:*** _____

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Are you legally allowed to work in the United States (Please circle)? YES NO

Check w*hich program fits your need? You may only apply for one:*

____ ***Tools for the Job*** *Tools, uniform, or an item necessary for your job.*
Please bring a list of items needed and costs. (Max is $500)

____ ***Education*** *Training for a trade or to receive a license.*
Please provide the name and information on your school & classes. (Max is $1,200)

____ ***Your Own Business*** *Start up expenses to help start a small business.*
A business plan and budget need to be submitted with this application. (Max is $2,000)

Specifically describe the education, item(s) or service(s) you need: _____

_____

Please explain how it will help you improve your employment situation: _____

_____

List the source of the item(s) requested above: _____

Required: Please list other ways or places you have tried to get help for the above request:

_____

_____

References: [One is required; two are preferable.]

Name: _____ ***Org:*** _____ ***Phone #:*** _____

Name: _____ ***Org:*** _____ ***Phone #:*** _____

Agreement: I agree to use my support in the manner designated above and agree to respond to follow-up calls from At Home Group tracking my progress to create databases to attract grant financing for future clients.

I attest that all the information I provided is accurate to the best of my knowledge

Signature_____ **Date**_____