



Grant Approval Form for an Individual

To qualify for a grant as an individual, this form must be submitted along with a **copy of the applicant's most recent tax records**. If this grant is related to an individual with extensive medical needs, a letter from the doctor in charge of the patient's care is required to present physician verification. United Charitable is not able to offer grants to individuals living outside the United States. This completed form and required accompanying documents must be submitted to United Charitable for approval before funds, goods, or services are provided to an individual. For income verification and grant approval, United Charitable uses the US Federal Poverty Guidelines. **If approved, the grant is only valid for the current calendar year.**

Please note that we do not permit grants to be made to relatives of program managers, program donors or program employees. If a grant is to a child under 18, then the family's head of household's information should be used for submission.

Program Name: _____ **Account#:** _____

Grantee Name: _____ **Date:** _____

Grantee Address: _____

Telephone: _____ **Email:** _____

Charitable Class to which individual belongs:

- | | |
|---|--|
| <input type="checkbox"/> Indigent | <input type="checkbox"/> Handicapped |
| <input type="checkbox"/> Needy Child | <input type="checkbox"/> Disaster Relief |
| <input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> Medically Needy |
| <input type="checkbox"/> Needy Elderly | <input type="checkbox"/> Other: _____ |

Detailed Description of Situation: Please describe the individual's situation below (include additional sheets as necessary).

Physician Verification: If medically needy, please provide the physician in charge of the individual's contact information and include the physician's verification letter.

Physician Name: _____ **Telephone:** _____

Email: _____ **Fax:** _____

Financial Details of individual: The proposed grantee's income level must be at or below 250% on the current year's US Poverty Guidelines to qualify for a grant. Please provide details of the individual's financial need or hardship.

1. Income and description of current employment: _____

2. Assets: _____

3. Liabilities (i.e. mortgages, credit card debt, unpaid bills, etc.) _____

Approximate Total of Funds Needed: _____ **Age of Individual:** _____ **Number of Family Members:** _____

Relationship to program manager or program donors: Does the proposed grantee have any ties to the program or it's donors by blood, marriage, adoption, employment, etc.? _____

Applicant: I attest that the information and documents provided are true representations of my current situation. I understand that my latest year's tax filings be submitted for this application to be reviewed.

Grantee Applicant Signature: _____ **Date:** _____

Program Manager: I understand and agree that the discretion and control of the funds donated to the program are entirely under the authority of United Charitable and its Board of Directors. The above request is a suggestion and not a mandate.

Program Manager Signature: _____ **Date:** _____

United Charitable:

Income Verified

Physician Verified (if applicable)

Approved: _____ Date: _____