

# Outer Banks Relief Foundation, Inc.

103 East Eighth Street  
Nags Head, North Carolina 27959  
252/261-2004 or 252/255-0048 FAX: 252/253-6032

## **FORM OF NEED**

**DIRECTIONS:** Complete this Form of Need Application in its **entirety**, attach & Proof of Address (Such as a Current Utility Bill, etc.), and Proof of Medical Diagnosis (if applicable) and MAIL to: Outer Banks Relief Foundation, Attention: Lee Whitley, 103 E. Eighth St., Nags Head, NC 27959; or email to [lee@obrf.org](mailto:lee@obrf.org) or FAX to 252/253-6032

If this application was prepared out by another person, please provide best contact information for you and sign and date application:

Name:	
Phone No.:	Email:

<b>CANDIDATE'S PERSONAL INFORMATION</b>		<b>Date of Application:</b>
Candidate's Name:		
Candidate's Date of Birth:	Gender:	
<b>Candidate's Physical Street Address: (Proof of Address is Required)</b>		
City:	North Carolina	Zip Code:
Mailing Address ( <i>if different from above</i> ):		
City:	North Carolina	Zip Code:
Candidate's Telephone Number (Home):		Cellular Number:
Candidate's Email Address:		
<b>How Long Have You Lived at Your Current Address?</b>		
Race/Ethnicity:	Veteran?	

<b>FAMILY STATUS</b>					
Married:	Divorced:	Separated:	Widowed:	Single:	
Are there any other people living with you?	Yes:	No:	Do you have Children?	Yes:	No:
If you answered 'Yes' to either of the above, provide the name, age and relationship of each:					
Name:	Age	Relationship	Resides with You? Y/N		
Do you have pets in the home?					

<b>Important Resources</b>	<b>Telephone</b>	<b>Yes or No?</b>		<b>Date:</b>
Dare County Dept. Social Service	(252) 475-5500			
Interfaith Community Outreach	(252) 480-0070			
Community Care Clinic of Dare	(252) 261-3041			

How did you hear about the Outer Banks Relief Foundation, Inc.? <b>(required)</b>		
Have you ever received assistance from the Outer Banks Relief Foundation before?	Yes:	No:

<b>OBRF Candidate's Circumstance/Statement of Need: (required)</b>	
Please consider these questions as you fill out your statement of need: Timeframe - how long have you been impacted by your situation? How many weeks of work have you missed? How many more weeks do you envision missing? If medical issue, who is treating you and what is your prognosis? In terms of your housing security, what amount of assistance & length of assistance (in months) would make a difference to you?	
Dollar amount requested for OBRF candidate <b>(required):</b>	
For which bills?	
What efforts have you undertaken to address or help resolve your situation/circumstances?	
How do you see your financial situation in the next 90 days?	
In order for us to measure the full amount of unmet need of our applicants, please indicate the entire amount that would resolve your crisis, even if that amount seems unrealistic to ask for. \$ _____	

HOUSEHOLD INCOME INFORMATION (Include ALL)		Total Monthly Income:		
Present or previous Employer:		Weekly:		Monthly:
Employer Address:				
City, State ZIP:				
Type of Work (Please Indicate):				
Employment Type (Select One):	Full Time:	Part Time:	Temporary:	Seasonal:
Other Household Member Employer:	Weekly: \$		Monthly: \$	
Type of Work (Please Indicate):				

OTHER INCOME/BENEFITS			
Income/Benefit Type:	Amount Received:	Date Began:	Date Ends or Ended:
Child Support	\$		
Workman's Compensation Benefits	\$		
Disability Benefits	\$		
Unemployment Benefits	\$		
Other (State Type): Social Security	\$		
Fixed Assets (home, retirement, savings):			
Do you have Health Insurance Benefits?		Coverage Date:	
Provide Coverage Details:			

HOUSEHOLD EXPENSE INFORMATION		Total Monthly Expenses:	\$	
Expense Type	Monthly Amount:	Amount Currently Due:	List All Other Expenses	Amount Due:
Mortgage/Rent:	\$	\$		\$
Car/Transportation:	\$	\$		\$
Electric/Gas/Water:	\$	\$		\$

CERTIFICATION	
<p>NOTE: This Form of Need is used by the Outer Banks Relief Foundation, Inc. and its Board of Directors to determine the level of need and appropriate assistance. The Foundation, while sensitive to the confidential personal, financial and medical information you are providing in your request for assistance, must conduct an investigation and cannot and does not guarantee the confidentiality of the information you provide, or which may be provided. By requesting to be considered for assistance, you knowingly and voluntarily waive any and all privileges and confidentiality requirements whether under State or Federal law, and agree to hold the Foundation, and those who provide information to the Foundation, harmless from any and all liability for any disclosures of information provided to or obtained by the Foundation.</p> <p><i>I have read the above statement and agree with Outer Banks Relief Foundation, Inc.'s confidentiality policy and in consideration of their acceptance and consideration of my Form of Need, agree to be bound by the terms thereof. I also certify that the information I have provided in my Form of Need and any other information provided to the Outer Banks Relief Foundation is true and correct to the best of my knowledge. Furthermore, I agree that if I am awarded relief funding and I do not use those funds within 90 days of the award date, the balance is forfeited and will become Relief Foundation unrestricted funds. I may apply again for relief funding if circumstances make me eligible.</i></p>	
<b>Candidate's Signature:</b>	<b>Date:</b>