



# 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:

- |                      |                 |
|----------------------|-----------------|
| Indigent             | Handicapped     |
| Needy Child          | Disaster Relief |
| Emergency Assistance | Medically Needy |
| Needy Elderly        | 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:** \_\_\_\_\_

Please fax this completed form and required documents to (866) 837-7874 or email it to [administration@unitedcharitable.org](mailto:administration@unitedcharitable.org).

<b>United Charitable:</b>	
Income Verified	Physician Verified (if applicable)
Approved: _____	Date: _____