



Crescent Fund Application Form

Emergency Financial Assistance Request

Referring Agent Information (if applicable)

- **Name of Referring Agent:** _____
- **Agency Name:** _____
- **Contact Number:** _____
- **Email Address:** _____
- **Agent's Position/Role:** _____

Applicant Information

- **Name:** _____
- **Address:** _____
- **County:** _____
- **Phone:** _____
- **Email:** _____
- **Employer:** _____

Household Details

- **List Other Adults in Home:**

- **Children in Home (include age and relationship to applicant):**



Emergency Description

Describe the circumstances that led to current crisis and why financial assistance is needed:

Assistance Requested

- **Amount Requested:** \$ _____
- **Purpose:** _____
- **Checks Payable To:** _____

Income and Expenses

- **Monthly Income:** \$ _____
- **List All Assistance and Income Sources (Social Security, Unemployment, Food Support, Child Support, Government Assistance, etc.) Along With Amount:**

- **Monthly Expenses:**
 - Rent: \$ _____
 - Utilities: \$ _____
 - Food: \$ _____



- Transportation: \$ _____
- Medical: \$ _____
- Other: \$ _____

Other Assistance Sought

- Have You Received Assistance Phases Family Support in the Past? _____
If Yes, Please Explain: _____

- County Emergency Assistance: _____
- Other Community Resources Contacted Regarding This Request:

Certification

The referring agent or applicant certifies that the information provided is accurate and that the applicant meets the eligibility requirements for the Phases Family Support Crescent Fund.

Signature: _____ Date: _____

Attachments

- Documentation of emergency (if more space was needed)
- Copies of overdue bills

Submit completed application to: Email: Help@phasesfamilysupport.org

If unable to email, application can be sent to: Phases Family Support, PO Box 390, Avon, MN 56310.

Important Information

- A referring agent is not required but preferred.
- Please ensure all sections of the application are completed accurately and honestly. Incomplete or incorrect information may delay processing or affect eligibility.



- Supporting documentation, such as proof of emergency and copies of overdue bills, must be included for your application to be considered.
- All information provided will be kept confidential and used solely for the purpose of determining financial assistance eligibility.
- If you have questions or need help completing the application, contact Phases Family Support at Help@phasesfamilysupport.org.
- Submission of this application does not guarantee funding. Each request is reviewed on a case-by-case basis.
- Applicant must reside in a 30-mile radius of Avon, MN.
- The need has been created by an unforeseen event or to assist in becoming self-sufficient.
- The request will help solve a problem which is not expected to reoccur.
- We do not accept requests for housing/rent assistance, legal fees/fines, or for partial payment of bills without documentation of another organization covering the remaining balance.
- If approved, payment will be sent directly to vendors. We do NOT give individuals money.
- The maximum amount that will be awarded will be based the discretion of Phases Family Support and may vary depending on availability of funds. The typical maximum amount is between \$250 and \$500.