



MEMBER ELIGIBILITY & APPLICATION

(To be completed by applicant and verified by union representative)

Section 1: Applicant information

Full name: _____ Date of birth: _____

Phone number: _____ Email address: _____

Home address: _____

City: _____ State: _____ Zip: _____

1. Does the member live or work in Rhode Island? ☐ Yes ☐ No

2. Race/Ethnicity (select all that apply): ☐ Black or African American ☐ Hispanic/Latino ☐ White ☐ Asian ☐ Native American ☐ Middle Eastern/North African ☐ Other ☐ Prefer not to say

3. Gender identity: ☐ Woman ☐ Man ☐ Non-binary ☐ Prefer to self-describe ☐ Prefer not to say

4. Primary language spoken at home: _____

Section 2: Household information

5. Household size (include applicant): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. Number of children under 18: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Section 3: Household income (80% RI median income eligibility)

7. Please list total gross household income:

- Income amount: \$_____ Frequency: ☐ Monthly ☐ Annual

Applicant must be at or below 80% of Rhode Island median household income for their household size.

8. Your Monthly Household Income: Choose the range that includes your household's total gross income.



- ☐ Less than \$2,000/month
 - ☐ \$2,000 – \$4,500/ month
 - ☐ \$4,500 – \$6,500/ month
 - ☐ \$6,500 – \$9,000/ month
 - ☐ More than \$9,000/month
 - ☐ Prefer not to respond
-

Section 4: Union membership verification

Union name: _____ Local number: _____

Member ID number (if applicable): _____

- Date membership began: _____
- Is the applicant a member in good standing for at least six (6) months? ☐ Yes ☐ No

Union representative name & title: _____

Signature: _____ Date: _____

Phone: _____ Email: _____

Section 5: Qualifying event & hardship

9. Current financial hardship

Please check any situations that apply to you. You may select more than one.

- ☐ Reduced work hours or loss of wages
- ☐ Layoff, strike, or work stoppage
- ☐ Serious illness or injury (self or household member)
- ☐ Death of an immediate family member
- ☐ Housing loss, disaster, or unsafe living conditions
- ☐ Caregiving responsibilities impacting income
- ☐ Other unexpected hardship (please describe below)

Immediate needs



10. Which expenses are you requesting assistance for? (Select all that apply)

- | | |
|---|---|
| ☐ Rent or mortgage | ☐ Transportation |
| ☐ Utilities | ☐ Food or household essentials |
| ☐ Medical expenses | ☐ Childcare or caregiving cost |
| ☐ Other: _____ | |

11. Account number associated with the expense (if applicable): _____

12. Estimated amount requested : \$ _____

1. Will this fund help avoid: (check all that apply)?

- | | |
|---|---|
| ☐ Eviction/Foreclosure | ☐ Job loss due to childcare/transportation |
| ☐ Utility shutoff | ☐ Shelter entry |

2. Are you currently waiting for other benefits or financial assistance to begin?

☐ Yes ☐ No ☐ Not sure

If yes:

Which benefits or assistance are you waiting for? (Select all that apply)

- | | |
|---|--|
| ☐ Unemployment insurance | ☐ Paid leave or employer benefits |
| ☐ SNAP (food assistance) | ☐ Union strike or hardship funds |
| ☐ Temporary Disability Insurance (TDI) | ☐ Other (please describe): _____ |
| ☐ Workers' compensation | |

3. Is this fund the only emergency financial assistance currently available to you?

☐ Yes ☐ No ☐ Prefer not to say

4. On a scale of 1-5, how would you rate your current financial stability?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Crisis Vulnerable Safe Stable Thriving



5. Please indicate areas where additional support would be helpful:

☐ Employment or income support

☐ Food assistance

☐ Housing stability

☐ Childcare or caregiving support

☐ Utilities or energy assistance

☐ Financial coaching or budgeting

☐ Healthcare or insurance

☐ Legal assistance

Section 6: Self-Attestation & acknowledgment

- I certify that the information provided is true and accurate.
- I understand this is a one-time grant per calendar year and subject to available funds.
- I understand that a GNLf team member will follow up in 30 and 60 days to see how I am doing. Although optional, we highly encourage this phone call.

Applicant signature: _____ Date: _____

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Union representative verification

1. Did the member fill out a Self Attestation Form? ☐ Yes ☐ No
2. Does the member live or work in RI? ☐ Yes ☐ No
3. Does the member meet the eligibility income? ☐ Yes ☐ No
4. Did you verify the financial hardship bill or statement? ☐ Yes ☐ No
5. Did the vendor complete a w-9? ☐ Yes ☐ No
6. Was the member instructed to call 211 to schedule an appointment to fill out application and submit completed packet? ☐ Yes ☐ No