

AUMI COVID-19 Financial Aid Request Form

Applicants applying for AUMI COVID-19 related financial aid MUST be members of Antioch Baptist Church North and provide proof that their request is COVID-19 related.

- 1. Complete, sign and submit the attached Financial Aid Request Form along with the following supporting documentation:
 - a. Must provide a copy of Georgia Drivers License or State ID, copy of late notice from mortgage company/lease/rental agreement, disconnect notice of utilities (if applying for utility bill assistance), and separation notice from your employer indicating you were laid-off/terminated or hours reduced due to COVID-19, or if self-employed, copies of statements from your clients indicating your services were discontinued due to COVID-19.
 - b. Email forms and required documents to AUMICOVID19@gmail.com, or you may call 404-524-9775 to set up and appointment to drop off the forms and all required documents at 466 Northside Drive Atlanta, GA, 30318, weekdays between 10:00am-1:00pm.
- 2. The completed and signed Financial Aid Request Form and required documents will be reviewed by the AUMI/Covid-19 Financial Team.
- 3. Upon receipt and initial review of the completed form and required documents, we may need to speak with you or your mortgage company, property manager and/ or utility company(ies) to verify proof of need and/or to obtain any missing required documents.
- 4. After our review of your completed application package, we will, as soon as possible, inform you of the status of your request and may refer you to other agencies for further assistance.
- 5. Your request for assistance will be given serious consideration. Please note that review and approval of your application will take a minimum of two weeks to process and complete.



AUMI COVID-19 Financial Aid Request Form

Date	Email
Name	Phone
Address	
City	State Zip
County	
How have you been affected by COVID-1	9?:
What type of assistance are you requesting	ng?:
☐ Mortgage ☐ Rent ☐ Utilit	ties
Person Contacted:	Telephone #
	th your mortgage company, property manager, or utilities
Total amount of financial assistance reque	ested: \$
Your Signature:	



Funds must be made payable to your rental, mortgage or utility company (ies). Please complete the information below:

1) Rent or Mortgage Payment Assistance Requested Landlord/Mortgage Company: Contact Person Telephone # Address City State Zip Code Reason for funding request: Amount of financial assistance requested for rent or mortgage payment due: \$ 2) Utility Billing(s) Assistance Requested (a) Utility Company Payable to: Account#____ Mailing Address _____ City______ State____ Zip Code_____ Reason for funding Request: Amount of financial assistance requested for Utility Billing due: \$ (b) Utility Company Payable to: Account# Mailing Address _____ State_____ Zip Code Reason for funding Request:

Amount of financial assistance requested for Utility Billing due: \$_____

(Do not complete this section)			
Has client met the required obligation? ☐Yes ☐ No			
Total amount of financial assistance requested: \$			
Total requested amount recommended for funding: \$			
AUMI/COVID-19 funding request amount recommended by:			
Signature	Date		
Signature	Date		
AUMI/COVID-19 Payables Approval:			
Signature	Date		
Signature	Date		