



Jamie's Vision Inc
Po Box 416
Pittsboro, NC 27312

Jamie's Vision Assistance Application

Name of Applicant: _____

Age (if child is recipient): _____ Date of Birth: _____

Parent/Guardian (if child is recipient): _____

Address: _____ Phone number: _____

County of Residence: _____

Name and Ages of all Children in Household (under the age of 18 or otherwise dependent):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

*If there are more children in the home, please list them on the back of the application.

Is the Applicant receiving help from another agency/group? _____

If yes, please specify who is providing the assistance: _____

Please summarize the assistance being given: _____

Brief description of why this family needs assistance: _____

List of needs they may require (ex. Money, bills paid, etc.): _____

Current employer: _____

If you are unemployed, please provide last date of employment and where you were employed:

Name of Person submitting application: _____ Phone number: _____

____ I certify that information provided is a true and accurate applicant's financial condition.

Signature of Person
Submitting Application: _____

Date: _____

Please scan and email **the application and supporting documentation** to
JamiesVisionchatham@gmail.com.
If you do not have the ability to email, please mail to the address in the header.



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Please submit the following supporting documentation for consideration of assistance:

- Copy of photo ID of applicant
- Proof of child/children living in home. Example: School document with address.
- Last bank statement with any account numbers blacked out.
- Proof of employment/income. (This may be apparent on bank statement from direct deposits. Another option is a letter from your employer or recent pay stub.)

For assistance with **Utility bills**, please also submit the following with application:

- Copy of utility bill in applicants name.

For assistance with **Rent/Mortgage**, please also submit the following with application:

- Proof that Rental agreement is in applicant's name and evidence eviction will not occur with our assistance. (Letter from Landlord or property management group.)
- Most recent mortgage statement.
- Evidence that foreclosure will not occur with our assistance.

For assistance with **Medical Bills**, please also submit the following with application:

- Copy of medical bill in applicants name/name of child

All supporting documents should be submitted with application for assistance. Applications are reviewed by Jamie's Vision Board and require a majority vote to assist. Applicant will be notified once reviewed and voted on.

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