



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](mailto: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.
- Proof of employment/income. (This may be apparent on bank statements 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. Please scan and email **the application and supporting documentation** to

[JamiesVisionchatham@gmail.com](mailto:JamiesVisionchatham@gmail.com).

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