



Serving
the LGBT
Community

Revised 1/31/2023

The Jerry Eubank Angel Fund APPLICATION

Texas United Charities - Galveston (GTUC) is committed to helping people within the LGBT community who have an acute need. The Jerry Eubank Angel Fund provides assistance on an individual basis for those who qualify and can show a need for emergency funds.

This Fund may include such things as assistance in burial expenses (all or partial), past due rent or utilities (all or partial), prescription/medical payments, groceries – for individual and/or pets, and a variety of other day-to-day costs of living that may arise because of illness, lay-off, family emergencies, or other unexpected catastrophe.

The fund will not pay car payments or penalties/fees, credit card payments, or any debts/expenses incurred by others not living with or supported by applicant.

You may submit your completed application (including all required documentation and identification) via one of the following methods:

Via MAIL:
Jerry Eubank Angel Fund
6311 Francis Marion Drive, Houston, TX 77091 or

Via EMAIL:
mflories7@yahoo.com

If you have any questions or if you need help completing your application, please call or email:

713-884-6944 (10am – 7pm)
EMAIL: mflories7@yahoo.com

No assistance will be considered without the proper application on file and ALL back up documentation detailed below. All decisions as to assistance will be made by the Jerry Eubank Angel Fund Committee and are final. A new application must be completed with every request. Please keep in mind that we are a LAST RESORT fund when all other avenues for assistance have been exhausted.

Assistance is not guaranteed and will be evaluated on a case-by-case basis.

Fund personnel will respond to applications within 72 hours.

All applications will be held in the strictest of confidence and the committee will not discuss the content with anyone but the applicant.

All decisions of Texas United Charities – Galveston & Jerry Eubank Angel Fund Committee are final.



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Please answer the following questions to apply for the Jerry Eubank Angel Fund:

PLEASE PRINT NEATLY

PART 1: INFORMATION

Full, Legal Name: _____ Date of Birth: _____ Age: _____

Address: _____ Apt. Number: _____

City: _____ State: _____ Zip: _____ S.S.#: _____

Home phone: _____ Alternative Name & Phone: _____

Do you have a roommate/spouse? No Yes Roommate/Spouse's Name: _____

Has your roommate applied for assistance with the JEA Fund as well? No Yes. If yes, when? _____

Have you or your roommate applied for assistance with PWA Holiday Charities or ERSICSS, Inc. in the past six months?

No Yes.

If yes, what support did they provide? Please include dollar amounts and what, specifically, was paid for:

How many people live in your household? _____ Who are they? _____

Do they financially contribute to the household? No Yes If no, why? _____

Are you presently employed? No Yes If no, what as the last date worked? _____

Employer: _____ Telephone: _____

Are you presently disabled? No Yes Date of Disability: _____

Are you receiving SSI/SSD? No Yes



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PART 2: FINANCIAL INFORMATION

INCOME/ASSETS

Present Monthly Salary: \$ _____

Amount of SSI/SSD (attach verification): \$ _____

Amount of VA/Military Benefits: \$ _____

Employer Long Term/Short Term Disability: \$ _____

Private Pay Long Term/Short Term Disability: \$ _____

Any and all Retirement Income: \$ _____

Total Income/Assets \$ _____

MONTHLY EXPENSES

Housing Payment: \$ _____

Grocery: \$ _____

Utility Bills: \$ _____

Medical Services: \$ _____

Prescription Drugs: \$ _____

Total Expenses \$ _____

Financial Accounts

List all financial accounts in which your name appears as owner or part owner. Provide the most recent statement showing all transactions, activities, and balances. This includes but is not limited to checking, savings, money market accounts, CDs, stocks, annuities, and trust funds. All of this information must be included for your application to be considered – no exceptions.

Financial Institution Name: _____ Account Type: _____

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