FREDERICKSBURG IMMIGRATION JUSTICE FUND

Removing Financial Barriers. Restoring Dignity. Renewing Hope.

-.. .. --. -. .. - -.--  .... --- .--. .  -... . .-.. --- -. --. .. -. --.

Email completed form to: esther@fxbgimmigration.org
Call 540-809-4662 if you require assistance

REQUEST FOR FINANCIAL ASSISTANCE

We know asking for help can be difficult. This short form helps us understand what you need and how FIJF may be able to help. You do not need to provide detailed immigration records or legal documents unless we specifically ask for them.

ABOUT YOU

Name: _____

Phone: _____ **Email:** _____

Preferred way to contact you:
☐ Call ☐ Text ☐ Email ☐ Other: _____

Preferred language: _____

Do you need an interpreter to communicate with FIJF? ☐ Yes ☐ No

Address: _____

HOW CAN WE HELP?

What kind of assistance are you requesting? Check all that apply.

Legal Assistance
☐ Immigration attorney/legal fees
☐ Immigration filing fees
☐ Translation/interpretation for legal services
☐ Other immigration-related legal expense: _____

Emergency Family Assistance
☐ Rent/housing
☐ Food/groceries
☐ Utilities

☐ Medical/health needs
☐ Transportation
☐ Childcare
☐ Other essential need: _____

How much assistance are you requesting, if known? $_____

Is this an emergency or is there an important deadline?
☐ No
☐ Yes — Date, if known: _____

Please briefly tell us what you need and what is happening.

You do not need to provide your entire immigration or legal history. Please share only what you believe we need to understand your request.

YOUR FINANCIAL SITUATION

FIJF does **not** have a fixed income limit. We ask these questions only to help us understand the financial impact of this need.

How many people are in your household? _____

Has an immigration-related situation caused or contributed to a loss of household income?
☐ Yes ☐ No ☐ Not sure

Would paying this expense yourself create a financial hardship for you or your family?
☐ Yes ☐ No

Is there anything else you would like us to know about your financial situation?
(Optional)

FIJF may ask for additional information when necessary, but financial documents are not routinely required.

LEGAL ASSISTANCE

Complete this section only if you are requesting help with legal expenses.

Do you already have an attorney or legal-service provider?
☐ Yes ☐ No

If yes:

Attorney/Organization: _____

Phone or Email, if known: _____

Amount owed or estimated cost, if known: $_____

☐ **I give FIJF permission to contact this attorney or legal-service provider to verify the cost and basic information necessary to evaluate or pay this request.**

This permission does not authorize FIJF to obtain your entire legal file or confidential attorney-client communications.

If you do not have an attorney, would you like FIJF to provide information about immigration legal resources?

☐ Yes ☐ No

CONNECTION TO FIJF

How did you hear about FIJF or who referred you?

Do you or your family have a connection with FIJF, one of our volunteers, an ESL program, church, community organization, attorney, or other community partner?

☐ Yes ☐ No ☐ Not sure

If you would like, tell us who or how:

An existing connection is not required to receive assistance. Established relationships and trusted referrals may help FIJF understand and verify a request with less paperwork.

PERMISSION & ACKNOWLEDGMENT

By signing below, I confirm that the information I have provided is true and accurate to the best of my knowledge.

I understand that:

- submitting this request does not guarantee financial assistance;
- FIJF may provide all, part, or none of the amount requested depending on need and available funds;
- assistance from FIJF is a charitable gift and **does not need to be repaid**;
- FIJF is not my attorney, does not provide legal advice, and does not guarantee the outcome of any immigration matter; and
- FIJF may request additional information when reasonably necessary to evaluate or administer my request.

I authorize FIJF to use the information on this form for the limited purpose of evaluating and administering my request for charitable assistance.

Signature: _____

Printed Name: _____

Date: _____

FOR FIJF USE ONLY
Date Received: _____
Referred/Connected Through: _____
Type: ☐ Legal Assistance ☐ Emergency Family Assistance ☐ Both
Urgent/Emergency: ☐ Yes ☐ No
Amount Requested: $_____
Amount Approved: $_____
Payment To: _____
Decision: ☐ Approved ☐ Partially Approved ☐ Denied ☐ More Information Needed
Approval Date: _____
Approved By: _____
Notes: _____