

**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Assistance Given: \_\_\_\_\_

\_\_\_\_\_

**Application for Assistance**

**Please Print Neatly**  
**MUST HAVE PROOF OF ID**  
**TO RECEIVE ASSISTANCE**

**DL#/ID#** \_\_\_\_\_ **State** \_\_\_\_\_

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

What is your need? (Please be specific) \_\_\_\_\_

We usually pay needs directly to the companies. Please provide a copy of a bill and an address for them (i.e. landlord, electric company, utilities, etc.)

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Are you a member or regular attender? \_\_\_\_\_ If not, who referred you to us? \_\_\_\_\_

Do you attend church? No \_\_\_ Yes \_\_\_ Where? \_\_\_\_\_

What is your Pastor's name? \_\_\_\_\_ Has your Church been contacted about the need? \_\_\_\_\_

How have they helped? \_\_\_\_\_

What relatives have been contacted about the need? \_\_\_\_\_

How have they helped? \_\_\_\_\_

**Are you receiving any aid (financial or otherwise) from any government agency?**

\_\_\_ Unemployment Insurance \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_

\_\_\_ Workers Compensation \$ \_\_\_\_\_ SRS \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

When were you last employed? \_\_\_\_\_ Where? \_\_\_\_\_

Do you or any member of your house use any drugs other than regular prescription medication? (i.e. alcohol, cigarettes, street drugs, illegal prescription drugs, etc.) \_\_\_\_\_

If you are, approximately how much do you spend per week on this addiction? \_\_\_\_\_

Have you sought assistance at any other churches/aid organizations in this area? No \_\_\_ Yes \_\_\_

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

How were they able to help? \_\_\_\_\_

If you are traveling, what is your destination? \_\_\_\_\_

If not, how long have you been in this area? \_\_\_\_\_ How Long at Current Residence? \_\_\_\_\_

What is the name of your landlord? \_\_\_\_\_

If we are unable to help you, what other options do you have? \_\_\_\_\_

If we help, we would like to make a follow-up visit in your home, would you be open to that? \_\_\_\_\_

If we are able to help you, how many people are involved? \_\_\_ (use other side if needed)

<b>Name</b>	<b>Date of Birth</b>	<b>Name</b>	<b>Date of Birth</b>
_____	___/___/___	_____	___/___/___
_____	___/___/___	_____	___/___/___

**All available resources are a result of direct donations of our congregation.**

**By signing below I agree that to the best of my knowledge all of the above answers are the complete truth.**

**Sign here** \_\_\_\_\_