

ALL SAINTS INTERFAITH CENTER OF CONCERN APPLICATION FOR ASSISTANCE
 PLEASE PRINT all answers. Incomplete applications will not be considered. False information will dis-
 qualify the application. Requests for financial assistance will be reviewed on Tuesdays. You will be called
 by 3 PM on that day - BUT ONLY IF WE CAN HELP YOU. We cannot guarantee funding.

Date _____ Have you applied for assistance with us before? ☐ Yes ☐ No If yes, when? _____

What assistance are you requesting today? _____

Your Last Name _____ First _____ Middle _____

Maiden Name _____ Other Names you have used _____

Phone _____ 2nd Phone if we can't reach you at the first _____

Your address _____ City _____ Zip _____ **MUST ANSWER**

How long at this address? _____ If less than 5 yrs, previous address: _____

Marital status ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed ☐ Common Law

Housing MUST ANSWER ☐ Own/Buying ☐ Renting ☐ Public Housing or Section 8 ☐ Domestic Abuse Shelter
☐ Living with Others ☐ Residential Recovery Program / Rehab ☐ Homeless

HOUSEHOLD MEMBERS INCLUDING YOURSELF (List everyone living in the household - EVEN THOSE WHO ARE NOT RELATED TO YOU)

MUST ANSWER →

Where does each person's money come from?
 Job? SSI?
 SS Disability?
 TANF?
 Retirement?

LIST YOURSELF FIRST

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MUST ANSWER
 Current Age _____

Last 4 digits SSN _____

MUST ANSWER

Gender Monthly Race (Sex) Income \$

TOTAL INCOME FOR EVERYONE IN HOUSEHOLD \$ _____

MUST ANSWER

Do you or anyone living with you receive food stamps (SNAP) ☐ Yes ☐ No If no, have you applied? ☐ Yes ☐ No
 If you do receive SNAP, how much \$ _____ /month and what day of the month is it received? _____

Are you or anyone in your household a military veteran? ☐ Yes ☐ No If yes, how old are the veterans? _____

Is anyone in your household going to apply for disability? ☐ Yes ☐ No If yes, list their ages _____

Is everyone in the household a U.S. citizen? ☐ Yes ☐ No If no, list AGES of non-U.S. citizens _____

Have you applied for child support? ☐ Yes ☐ No

Anyone in home receive Medicaid? ☐ Yes ☐ No

Anyone in home receive WIC? ☐ Yes ☐ No

Anyone in home receive Utility Assistance? ☐ Yes ☐ No

I hereby state that the information I have given is correct to the best of my knowledge and that All Saints Interfaith Center of Concern has my permission to obtain and release any information pertaining to my application as deemed necessary in their efforts to provide assistance. I understand this includes the sharing of this information with a shared charity tracking system called Charity Tracker Assistance Network. This information is shared to help various social service agencies better coordinate client assistance. I understand the Center of Concern is under no obligation to provide any assistance to me.

Signature _____

Date _____

PLEASE CHECK OTHER SERVICES THAT WOULD HELP YOUR HOUSEHOLD:

☐ English as a Second Language ☐ Medicare Education ☐ Employment Readiness Assistance
☐ Nutrition Education ☐ Other _____

Please complete the back page --->

EMPLOYMENT INFORMATION

Where do you work? _____ Job Title _____
 How long? _____ Hourly pay \$ _____/hr Are you paid: ☐ Weekly ☐ Every other week ☐ Monthly
 Hours per week _____ Employer's City _____ State _____ Phone _____
 If you are not working, why? _____
 End date of last employment _____
 Previous employer _____ Job Title _____
 Hourly pay \$ _____/hr Hours per week _____ Employer's City _____ State _____

YOUR EXPENSES

List all money owed to utility companies, creditors & others
 Place an X if you do not owe in a category

OWED TO	AVERAGE MONTHLY PAYMENT
Landlord/Mortgage	_____
Lot Rent (Mobile Home)	_____
Power Company	_____
Gas Company	_____
Water Company	_____
Auto Company	_____
Auto Insurance	_____
Auto Gasoline	_____
Phone - Cell	_____
Phone - Landline	_____
Cable/Satellite	_____
Internet	_____
Sewer/Garbage	_____
Furniture Company	_____
Life Insurance	_____
Health Insurance	_____
Legal Fees	_____
Credit Card Company	_____
Medical Care	_____
Child Care	_____
Child Support (you pay)	_____
Loans	_____
Bankruptcy	_____
Other Expenses	_____

If you are requesting our assistance to pay a utility bill, rent, prescription, or other financial need, please complete this part

How much do you owe
 on the bill for which
 you need assistance? \$ _____

How much can you pay? \$ _____

Total amount requested from us \$ _____

What happened that you are unable to pay it all?
 Be specific.

FOR OFFICE USE ONLY
