



CHAUTAUQUA COUNTY MINISTERIAL ALLIANCE
Serving Chautauqua County, Kansas

ASSISTANCE FORM

This form is **MANDATORY** for all persons/families requesting assistance, regardless of past history or number of times served.

PLEASE PROVIDE COPIES:

1. Identification (KS driver's license, KS picture ID card, etc.)
2. Income (Documentation for **Section 2**)
3. Monthly expenses (Documentation for **Section 3**)

SECTION 1- PERSONAL AND FAMILY INFORMATION

Date: _____

NAME: _____ CHURCH PREFERENCE: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ OTHER CONTACT NUMBER: _____

SSN: _____ DL OR ID NUMBER: _____

INFORMATION ABOUT PERSONS LIVING IN YOUR HOME:

| NAME: | AGE: | RELATIONSHIP TO APPLICANT: |
|-------|-------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

SECTION 2 – HOUSEHOLD INCOME (Include all income from all persons living in your home)

a. Place of Employment: _____

Gross wages (hour / week / month) \$ _____

b. Child Support Received (monthly) \$ _____

c. SRS/Assistance (monthly) \$ _____

d. Social Security or SSI (monthly) \$ _____

e. VA/Railroad Retirement or Pensions (monthly) \$ _____

f. Temporary Assistance to Families (TAF) \$ _____

g. SRS Food Stamps – Vision Card (monthly) \$ _____

h. Unemployment Benefits (\$ _____ wk x 4.33 for month) \$ _____

TOTAL MONTHLY INCOME (must have proof/any items a-h) \$ _____

Maximum MONTHLY income for assistance: 1 person = \$1,276; 2 people = \$1,726; 3 people = 2,177; 4 people = \$2,628; 5 people = \$3078; 6 people = \$3,529; 7 people = \$3,980; 8 people = \$4,430 (Federal Guidelines)

SECTION 3 – HOUSEHOLD EXPENSES (bring proof of expenses marked with a *)

a. Housing*: Payment made to: _____ \$ _____

b. Utilities*:

Gas – payable to: _____ \$ _____

Electric – payable to: _____ \$ _____

Water/sewer – payable to: _____ \$ _____

Telephone – payable to: _____ \$ _____

Other – payable to: _____ \$ _____

c. Food/Groceries \$ _____ per week x 4.33 = \$ _____

d. Gasoline for automobile _____ \$ _____

e. Other payments* (list payments for all other items such as a car payment, insurance, child support payments, and any other payments not already listed above in SECTION 3. YOU MUST PROVIDE PROOF OF PAYMENT FOR THE ITEM TO BE INCLUDED IN THE DETERMINATION FOR ASSISTANCE.

_____ \$ _____

_____ \$ _____

_____ \$ _____

GRAND TOTAL OF HOUSEHOLD EXPENSES _____ \$ _____

SECTION 4 – SIGNATURES AND AFFIDAVIT

You must sign below – please read the following statements carefully before you sign this form.

1. I certify that all information I have provided is true, complete, and accurate.
2. I understand that it is my responsibility to provide proof of income and proof of expenses, as outlined. I understand that my eligibility to receive assistance will be determined only on the evidence submitted.
3. I understand that all fraudulent applications will be turned over to the appropriate law enforcement agency and/or county attorney’s office for prosecution.
4. I understand that if I am approved for assistance, I can only receive benefits once a quarter (3 months).
5. To receive continuing assistance, after I have received assistance three (3) times, I agree to attend a financial planning seminar consisting of 10 weekly classes. If I do not attend all 10 classes, I will be ineligible to receive further assistance until I complete them. Applicants’ signatures are required below.

_____ _____

***** **DO NOT WRITE BELOW THIS LINE** *****

Authorized / Rejected (Circle One)

Signature of Ministerial Alliance Officer