



## ASSISTANCE REQUEST FORM

(All information is kept confidential)

### APPLICANT INFORMATION

Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

### HOUSEHOLD INFORMATION

Occupation: \_\_\_\_\_

How long at current job: \_\_\_\_\_

Spouse/Partner Occupation (if applicable):  
\_\_\_\_\_

Dependents (names & ages):  
\_\_\_\_\_  
\_\_\_\_\_

Total Number of People in Household: \_\_\_\_\_

### MONTHLY HOUSEHOLD EXPENSES

Rent/Mortgage: \_\_\_\_\_

Electric: \_\_\_\_\_

Water: \_\_\_\_\_

Gas (home heating): \_\_\_\_\_

Food/Groceries: \_\_\_\_\_

Phone: \_\_\_\_\_

Internet: \_\_\_\_\_

Car Note: \_\_\_\_\_

Car Insurance: \_\_\_\_\_

Other Monthly Expenses:  
\_\_\_\_\_

**FINANCIAL SITUATION**

Assistance you are requesting:

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Amount Needed: \_\_\_\_\_

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

Have you received assistance from us before? Yes / No

If yes, when: \_\_\_\_\_

Have you requested help from any other organizations?

Yes / No

If yes, list them:

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**VERIFICATION DOCUMENTS REQUIRED**

- Photo ID
- Proof of income (pay stubs, benefits letter, etc.)
- Bill or notice showing amount owed
- Any documents supporting your hardship

**STATEMENT OF NEED**

Please explain your current hardship:

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**APPLICANT CERTIFICATION**

I certify that the information provided is true and accurate to the best of my knowledge. I understand that providing false information may result in denial of assistance.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_