

Request for Assistance Form

Today's Date: _____

Name: _____

Street Address: _____ City _____ Zip _____

Mailing Address: _____ City _____ Zip _____

How long have you lived at the above address? _____ Telephone Number: _____

Landlord's Name: _____ Telephone Number: _____

Total Number of Household Members (others staying in your house): _____

Household Member's Names and Relationship to You:

_____/_____ / _____

_____/_____ / _____

_____/_____ / _____

Are you employed at this time? Yes No If yes, where? _____

If you are not employed, why not? _____

If you are not employed, how long have you been unemployed? _____

Are you currently looking for work? Yes No If not, why not? _____

Is anyone else in your household employed at this time? Yes No If yes, where? _____

Are you receiving any aid, financial or otherwise, such as Unemployment Insurance, Social Security, Welfare, Food Stamps, or Worker's Compensation? Yes No If so, what? _____

Who referred you to us? _____

What is your need? (Please be specific and provide documentation where needed): _____

Who has helped you in the past? _____

What did they do for you? _____

Have you contacted anyone else with your current need? Yes No If yes, who? _____

Please provide a current form of picture identification, such as a driver's license.

Whom may we contact to verify your need? Name: _____ Phone Number: _____

Relationship: _____ Address: _____

Note: If we cannot contact these individuals to confirm your need, we may not be able to assist you.

Please remember our church is not a government-assisted agency. Our funds and resources are limited and are a result of direct donations from our congregation.

You have my permission to evaluate and advocate, as needed, using any information on this *Request for Assistance Form*.

Signature: _____ Witness: _____