(Church Name)

Name _____

Date _____

APPLICATION REQUIREMENTS

We must have the following information before we can take an application. If you do not have these forms or receipts with you, you must return with them.
We will not make a decision until all verifications are received. If you do not bring these items within five business days, we cannot process your request.

****If you supply us with false information or deliberately omit information,****
****your request for assistance will be denied.****

INCOME

You must provide proof of income for **everyone** in the home.
Examples include:

- Most recent **PAY STUB** from employer or **SEPARATION NOTICE**
- Proof of **UNEMPLOYMENT** – Approval/Denial
- **SSI/DISABILITY LETTER** from Social Security Administration
- **SOCIAL SECURITY RETIREMENT LETTER** or FORM from Social Security Administration
- **CHILD SUPPORT RECEIPT** or CHECK STUB or letter from Child Support Enforcement
- **TANF LETTER** from DFCS
- **FOOD STAMP LETTER** from DFCS
- **WIC** voucher copies

If you are unemployed, we must have a Separation Notice from your last job.
If you are disabled, we must have a letter verifying your disability from your doctor if you are not yet on SSI.

EXPENSES

We must have copies of **ALL** your bills.
Examples include:

- Rent receipt or lease
- Mortgage payment receipt or cancelled check
- Utility bills for electricity, gas, water, cable, garbage, etc. (the entire bill, NOT just the stub) **Must be the latest bill.**
- Satellite bill **Must be the latest bill.**
- Phone bill **Must be the latest bill.**
- Insurance bills (for life insurance, car insurance, health insurance, etc)
- All other bills **Must be the latest bill.** Loan payments
  Car payments
  Furniture payments
  Medical or dental bills
  Prescriptions
  Credit card payments

Other items

- Bring Social Security cards for everyone in the family (adult & child) living in your home.
- Your photo ID

If you have any questions, please call (insert your church phone number) between (insert your preferred times and days to address these needs) when we take applications.

If approved, we cannot assist again for (insert your choice) months and you must attend a FREE Budgeting class before you can reapply. (insert your dates and times and place of the call is you choose to make this a criteria to reapply) Please call and confirm the date and time.
Assistance is limited to three _____ times.