

(Church Name)  
APPLICATION

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (self or relative) \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SS#: \_\_\_\_\_

What is the need today? \_\_\_ Rent \_\_\_ Utilities \_\_\_\_\_ Other \_\_\_\_\_ Have you applied for assistance elsewhere? \_\_\_\_\_

If so, where? \_\_\_\_\_ How did you learn about us? \_\_\_\_\_

**What emergency situation led to your need?** \_\_\_\_\_

**DISABLED: MUST HAVE PROOF OF DISABILITY**  
**MEDICAL PROBLEMS: MUST HAVE A DOCTOR'S STATEMENT**  
**UNEMPLOYED: MUST HAVE A COPY OF SEPARATION NOTICE**

Who lives in your household? WE NEED A LIST OF **ALL** PERSONS LIVING IN YOUR HOUSEHOLD.  
FAILURE TO REPORT ALL WILL RESULT IN DENIAL OF YOUR REQUEST.

NAME	AGE	DOB	SS#	RELATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**MONTHLY INCOME OF EVERYONE IN HOUSEHOLD!**

	Self	Other	Other	Combined
Employment	_____	_____	_____	Rent/Mortgage _____
Social Security	_____	_____	_____	Utilities combined _____
SSI or Disability	_____	_____	_____	Phone _____
Workers Comp or Unemployment	_____	_____	_____	Child Support _____
TANF	_____	_____	_____	Insurance _____
Child Support	_____	_____	_____	Loan Payments _____
Utility Reimbursement	_____	_____	_____	Car Payments _____
<b>TOTAL (cash)</b>	_____	_____	_____	Credit Cards _____

Food stamps	_____	_____	_____	Other _____
WIC	_____	_____	_____	<b>TOTAL</b> _____

Name of DFCS Caseworker (if any): \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number of Employer: \_\_\_\_\_ How long have you worked there? \_\_\_\_\_

**WE MUST HAVE A COPY OF SEPARATION NOTICE IF UNEMPLOYED!**

If unemployed, have you been to the Department of Labor? \_\_\_\_\_ When? \_\_\_\_\_

If unemployed, give detailed explanation of why: \_\_\_\_\_

List Employment of other adults in household:

Adult Name: \_\_\_\_\_ Employer/or Last Worked \_\_\_\_\_ How Long \_\_\_\_\_

Adult Name: \_\_\_\_\_ Employer/or Last Worked \_\_\_\_\_ How Long \_\_\_\_\_

Where have you applied for work in the last 2 weeks? \_\_\_\_\_

List all the jobs you have held in the last 3 months and the phone number of the contact person: \_\_\_\_\_

When did you last work? (Date) \_\_\_\_\_ Where? \_\_\_\_\_ How Long? \_\_\_\_\_

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Name of Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Marital status: \_\_\_\_\_

Have you applied for Child Support Recovery? (If appropriate) \_\_\_\_\_ If not, why? \_\_\_\_\_

Previous Address \_\_\_\_\_ How long at this address? \_\_\_\_\_

Vehicle Type/Year: \_\_\_\_\_ Closest Relative/Phone: \_\_\_\_\_

**The answer to the following will NOT influence our decision!** Do you attend church regularly? \_\_\_\_\_

If so, where? \_\_\_\_\_ Minister: \_\_\_\_\_

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Please understand our funds are limited and we must be assured that any help provided will make a difference. We know that there are situations that, although very serious, are beyond our means to assist. In some instances, we may be able to offer guidance or counseling in overcoming your problem. We do care and will do what we can. Please note that information about your church attendance will NOT affect our approval or denial for assistance.

**I will allow (church name) to exchange information with any entity in order to process this application or for evaluation of my medical status or related debts and to share information about this request with similar entities. I understand that (church name) will retain my documents if this application is approved or denied to support their decision. . In signing, I am giving permission for Newton County DFCS to release information, if needed.**

**The information I have given is the truth. I understand that giving false information or deliberately omitting information will result in an automatic denial of my request for help**

CLIENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS: \_\_\_\_\_ Date: \_\_\_\_\_