

ASSISTANCE INFORMATION FORM
SWEETWATER BAPTIST CHURCH

Date: _____

Applicant Information:

Social Sec. #: _____

Name: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____

Birth Date: _____

Occupation: _____

Employer: _____

Length of Employment: _____

If less than 1 year, Previous Employer:

If unemployed list reason: _____

Church You Attend: _____

Housing: Rent ___ Own ___ Landlord's Name: _____ Phone #: _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widower ___

Number of Dependents: _____

Dependent Information:

Name

Relationship

Birth Date

Employed By

Name	Relationship	Birth Date	Employed By
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Where have you asked for assistance? _____ Date: _____
_____ Date: _____
_____ Date: _____

How were you helped? _____

Does your family know of your need? _____ Are they able to help? _____

Name of closest relative in area: _____ Relationship: _____

Monthly Expenses:

Rent/Mortgage \$ _____
Electric \$ _____
Gas \$ _____
Water \$ _____
Food \$ _____
Insurance \$ _____
Car Expenses/Trans. \$ _____
 Loan \$ _____
 Insurance \$ _____
 Gasoline \$ _____
Furniture Payment \$ _____
Alimony/Child Supp. \$ _____
Medical/Dental \$ _____
Finance Company \$ _____
Telephone \$ _____
Cell Phone \$ _____
Miscellaneous \$ _____
Total Expenses \$ _____

Monthly Income:

Salary (Applicant) \$ _____
Salary (Spouse) \$ _____
Social Security \$ _____
S.S.I. \$ _____
Food Stamps \$ _____
A.F.D.C. \$ _____
Pension \$ _____
Unemployment \$ _____
Workman's Comp. \$ _____
Alimony/Child \$ _____
Other Assistance \$ _____
Agencies/Family \$ _____
Housing/Electric \$ _____
Any Other \$ _____

Total Income \$ _____

Assistance Requested: _____

I certify that the above information is true to the best of my knowledge. I understand that any misrepresentation of need, sale, or other misuse of the food or financial assistance I have received is prohibited. I give permission to verify all or part of the information given on this form.

Signature: _____

Date: _____