

Southside Community Fellowship Application for Assistance

PERSONAL INFORMATION:

Name (Last): _____ (First): _____ (Maiden): _____
Address: _____ Apt#: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____
Email: _____

Circle One: Male/Female

Your Age: _____

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

Currently: Employed/Unemployed (Circle one) Yes _____ No _____ How Long? _____

If, employed, where? _____ Phone: _____

Referred to Southside Community Fellowship by:

Relationship to you? _____ Phone: _____

Do you attend Southside Community Fellowship? Yes ___ No ___

Are you presently in a Small Group at Southside Community Fellowship? Yes /No (Please circle)

Small Group Leader Name/Contact Info

_____ Phone: _____

References: (At least 2 who are not relatives):

Name/Contact Info:

WHAT IS YOUR SPECIFIC REQUEST & WHY?

To whom will the Assistance be paid? _____ Phone: _____

Have you received assistance from Southside Community Fellowship in the past? Yes /No (Please Circle)

What did you receive? When?

Have you contacted anyone else for assistance within the last six months?

Please check all that apply: Family Friends Churches Other

What did you receive? When? From whom?

List All Other Individuals Sharing Your Household: Name, Age, and Relationship to You

HOUSING

Own/Purchasing Leasing Renting Month-to-Month (Please check)

How long have you been at your present address? _____

TOTAL MONTHLY INCOME

How much assistance/income do you receive each month? (Alimony, TANF, SSDI, SSI, LIHEAP, Housing-Section 8, Food Stamps, Child Support, Unemployment, Paycheck, etc.) Total = \$_____

TOTAL MONTHLY EXPENSES

What bills do you pay out? (Rent, Day Care, Mortgage, Payday Loans, Utilities, Food, Phone, Cable, Internet, Auto Insurance, Gas, Personal, etc.) Total = \$_____

Are you willing to work (volunteer) for this benevolence? Yes No

I have read the Southside Community Fellowship Benevolence Policies. Yes No

I authorize Southside Community Fellowship to verify any/all information provided. Yes No

All information I provided is true and accurate. Yes No

_____ Date _____

(Signature)

****ONLY FULLY COMPLETED APPLICATIONS WILL BE CONSIDERED****

Approved by:

(Name of Southside Community Fellowship Representative)

_____ Date _____

(Signature of Southside Community Fellowship Representative)