



# CAR SAFETY SEAT APPLICATION

Submit application at SERVE, Inc. 4901 County Road 304, Fulton MO 65251

1) Have you or another adult in the household received financial assistance or other services from SERVE, Inc. in the past year? YES \_\_\_\_ NO \_\_\_\_

2) Parent/Guardian (1) \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (M.I.)  
Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Parent/Guardian (2) \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (M.I.)  
Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

3) Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

4) Children & others in Household not listed above; mark the box next to child/children's name that needs car seat.

	FULL NAME	Birthdate	Height & Weight
(✓)	_____	____/____/____	____ - ____
<input type="checkbox"/>	_____	____/____/____	____ - ____
<input type="checkbox"/>	_____	____/____/____	____ - ____
<input type="checkbox"/>	_____	____/____/____	____ - ____
<input type="checkbox"/>	_____	____/____/____	____ - ____
<input type="checkbox"/>	_____	____/____/____	____ - ____
<input type="checkbox"/>	_____	____/____/____	____ - ____
<input type="checkbox"/>	_____	____/____/____	____ - ____

5) INCOME: Combined Household Gross MONTHLY Income (before deductions and taxes) \$ \_\_\_\_\_

Amount above should include:  
TANF \$ \_\_\_\_\_ Disability/SSI Income \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_

6) BENEFITS: Food Stamps \$ \_\_\_\_\_ (Food Stamp amount is NOT counted as INCOME)

7) EXPENSES: Monthly rent \$ \_\_\_\_\_ Average monthly Utilities (Electric, water, propane) \$ \_\_\_\_\_

I hereby declare that all information provided is accurate and truthful.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_