



Financial Assistance Application

Please allow 24 hours for application review. Funds are time sensitive; please provide the most reliable means of contact. Answer ALL QUESTIONS on application and attach copies of the following documents. Failure to provide documents may result in delay/denial of application:

- Photo ID for all adults
- Social Security Cards for all members
- Proof of ALL income and benefits for ALL members
- Verification of need: _____

We will do our best to cover 75% of your bill UP TO \$150 although there is NO GUARANTEE funds will be available.

Contact Information:

Date: _____ Head of Household Name: _____

Phone Number: _____ Secondary Phone Number: _____

Address: _____ City, Zip Code: _____

Need you are requesting help with: _____

Provider: City of Fulton Callaway Electric Ameren UE Other: _____

Amount of Bill: _____ (Pre-Pay) Account Number: _____

Rental Assistance: Section 8 HUD Fulton Housing Authority None Other _____

If Renting, Landlord/Owner Name: _____

Monthly Budget:

Please be specific in the amounts listed. This is for the ENTIRE month for ALL members of the household.

<u>Income</u>	<u>Amount</u>	<u>Expenses</u>	<u>Amount</u>
Job		Rent/Mortgage	
Second Job		Total Utilities	
Self-Employed		Phone Bill	
Workman's Comp		Cable/Satellite	
Unemployment		Internet	
Retirement		Vehicle Payment	
SSD		Vehicle Expenses	
SSI		Vehicle Insurance	
Food Stamps		Property Insurance	
TANF		Health Insurance	
Child Support		Medication	
Veteran Benefits		Medical Bills	
Other:		Food (Beyond Food Stamps)	
Other:		Household Supplies/Products	
		Baby Items	
		Child Care/Day Care	
		Credit Cards/Loans	
		Other:	
TOTAL:		TOTAL:	

Income-Expenses= _____

Office Use Only:

Last Assistance Received: _____ Amount: _____

Offer Amount _____ from _____ fund. Client portion to be paid prior to voucher _____. Verification of client payment must be received by ____/____/____. **OR OFFER IS NULL IN VOID.**

Referred from: CMCA CCHD DSS FHA/HUD CARDV Other: _____

Acceptance of Offer Signature: _____ Date: _____

Household Membership:

	Head of House Hold	Member #2	Member #3	Member #4
LAST NAME				
First Name				
Middle Name				
Gender				
SSN				
Birthday				
Age				
HOH Relationship	Self			
Disabled	___YES ___NO	___YES ___NO	___YES ___NO	___YES ___NO
Veteran Status	___Past___Current___Never	___Past___Current___Never	___Past___Current___Never	___Past___Current___Never
Education	HS Grad/GED: YES NO ___Current Student	HS Grad/GED: YES NO ___Current Student	HS Grad/GED: YES NO ___Current Student	HS Grad/GED: YES NO ___Current Student
Incarceration	___Past ___Never	___Past ___Never ___Parent Incarcerated	___Past ___Never ___Parent Incarcerated	___Past ___Never ___Parent Incarcerated
Ethnicity				
Immigrant?	___YES ___NO	___YES ___NO	___YES ___NO	___YES ___NO

	Member #5	Member #6	Member #7	Member #8
LAST NAME				
First Name				
Middle Name				
Gender				
SSN				
Birthday				
Age				
HOH Relationship				
Disabled	___YES ___NO	___YES ___NO	___YES ___NO	___YES ___NO
Veteran Status	___Past___Current___Never	___Past___Current___Never	___Past___Current___Never	___Past___Current___Never
Education	HS Grad/GED: YES NO ___Current Student	HS Grad/GED: YES NO ___Current Student	HS Grad/GED: YES NO ___Current Student	HS Grad/GED: YES NO ___Current Student
Incarceration	___Past ___Never ___Parent Incarcerated	___Past ___Never ___Parent Incarcerated	___Past ___Never ___Parent Incarcerated	___Past ___Never ___Parent Incarcerated
Ethnicity				
Immigrant?	___YES ___NO	___YES ___NO	___YES ___NO	___YES ___NO

House Hold Employment History:

Please answer employment history to the best of your ability for ALL ADULTS in the household. If NO HISTORY, please designate as so.

Head of Household

Name: _____

When did you most recently receive money? ____/____/____ How much did you receive? _____

What was money a result of? ___ Work/Job ___ Child Support ___ Loan ___ Gift ___ Sale of Personal Property

___ Other: _____

Do you need: ___ Help with Job Search? ___ Help with Applications/Interview Skills? ___ Interview Clothing?

___ Help with Resume Writing? ___ Help with Filling Out Application? ___ Other: _____

NO EMPLOYMENT HISTORY (explain): _____

Current Employer: _____ Start Date: _____ End Date: _____

Approximate Wages: _____

Previous Employer: _____ Start Date: _____ End Date: _____

Approximate Wages: _____

Previous Employer: _____ Start Date: _____ End Date: _____

Approximate Wages: _____

Adult #2

Name: _____

When did you most recently receive money? ___/___/___ How much did you receive? _____

What was money a result of? ___ Work/Job ___ Child Support ___ Loan ___ Gift ___ Sale of Personal Property
___ Other: _____

Do you need: ___ Help with Job Search? ___ Help with Applications/Interview Skills? ___ Interview Clothing?
___ Help with Resume Writing? ___ Help with Filling Out Application? ___ Other: _____

NO EMPLOYMENT HISTORY (explain): _____

Current Employer: _____ Start Date: _____ End Date: _____

Approximate Wages: _____

Previous Employer: _____ Start Date: _____ End Date: _____

Approximate Wages: _____

Previous Employer: _____ Start Date: _____ End Date: _____

Approximate Wages: _____

Adult #3

Name: _____

When did you most recently receive money? ___/___/___ How much did you receive? _____

What was money a result of? ___ Work/Job ___ Child Support ___ Loan ___ Gift ___ Sale of Personal Property
___ Other: _____

Do you need: ___ Help with Job Search? ___ Help with Applications/Interview Skills? ___ Interview Clothing?
___ Help with Resume Writing? ___ Help with Filling Out Application? ___ Other: _____

NO EMPLOYMENT HISTORY (explain): _____

Current Employer: _____ Start Date: _____ End Date: _____

Approximate Wages: _____

Previous Employer: _____ Start Date: _____ End Date: _____

Approximate Wages: _____

Previous Employer: _____ Start Date: _____ End Date: _____

Approximate Wages: _____

Adult #4

Name: _____

When did you most recently receive money? ___/___/___ How much did you receive? _____

What was money a result of? ___ Work/Job ___ Child Support ___ Loan ___ Gift ___ Sale of Personal Property
___ Other: _____

Do you need: ___ Help with Job Search? ___ Help with Applications/Interview Skills? ___ Interview Clothing?
___ Help with Resume Writing? ___ Help with Filling Out Application? ___ Other: _____

NO EMPLOYMENT HISTORY (explain): _____

Current Employer: _____ Start Date: _____ End Date: _____

Approximate Wages: _____

Previous Employer: _____ Start Date: _____ End Date: _____

Approximate Wages: _____

Previous Employer: _____ Start Date: _____ End Date: _____

Approximate Wages: _____

Special Circumstances about situation:

I confirm that the information provided on this application is complete, true, and accurate. I understand that if I am caught lying about the information on this application, I will be banned from all future services provided by SERVE, Inc. I understand that I am APPLYING for assistance and there is not a guarantee I will be helped.

Applicant Signature

Date

Employee Handling Application

Date