APPLICATION FOR HARDSHIP ASSISTANCE

CHURCH STREET CHURCH OF CHRIST BENEVOLENT MINISTRIES

This form must be filled out completely or it will not be processed for consideration. **Filling out this application does not guarantee help** - Benevolent funds are limited. No money or food vouchers are given directly to applicant. Applications can take up to five (5) business days to process.

Name _____ Age _____
Address _____
City _____ State _____ Zip _____
Home Phone ( ) - Cell Phone ( ) -
Drivers License # _____ Make/Model Vehicle _____
Employer _____ Emp Phone ( ) -

List of Name(s) of **Adults** in Household
1. _____ Age _____ 3. _____ Age _____
2. _____ Age _____ 4. _____ Age _____

List of Name(s) of **Children** in Household
1. _____ Age _____ 3. _____ Age _____
2. _____ Age _____ 4. _____ Age _____

Please mark **any** of the programs from which you/dependents are currently receiving assistance.

AFDC _____ (Includes Welfare, Tenncare, Medicaid, Families First, SSI/SSD)
Food Stamps _____
Section 8 Housing _____ (Paid assistance for house rental)
TN Hsg Authority _____ (Paid assistance for Apartment/Housing Projects)
WIC _____
Head Start _____
SSI/D-Veterans _____

Have you applied for assistance with Church Street before? Yes No
List names of churches, organizations, etc. in which you have requested assistance:
_____
What is your church affiliation? _____
What are your current needs? _____
What can Church Street do for your spiritual needs? _____

I understand/agree that I am providing the above information voluntarily. I understand/agree that the information provided will not determine eligibility for assistance and will only be shared on a need-to-know basis with the designated individuals of this organization.

_____ / _____
APPLICANT SIGNATURE DATE