



Family & Community Empowerment Services

Application to Request Aid

Today's Date: ____/____/____

All questions must have a response. Write "N/A" if a question does not apply to you.

Have you been to FACES before? If yes, check here →

Have you received aid from a local church within the past six months? Yes ___ No ___

Section 1: Demographic Information

Full Name: _____
(Please Print) Last First Middle Initial

Date of Birth: ____/____/____ **Gender:** _____ **Driver License #:** _____

Marital Status: Single: _____ Married: _____ Separated: _____ Divorced: _____

Present Address: _____
(Please Print)

City: _____ **State:** _____ **ZIP Code:** _____ **County:** _____

Phone Numbers: Mobile () _____ Home () _____ Work () _____

Email: _____

Spouse/Partner Name: _____ **Does your spouse/partner live at the above address? Y / N / N/A**
(Circle one)

Alternate Contact: Name: _____ **Phone:** () _____

Section 2: Employment Information

Are You Employed? Yes ___ No ___ **Where?** _____

Is spouse/partner employed? Yes ___ No ___ **Where?** _____

Section 3: Housing Information

Are you currently in subsidized housing? Yes ___ No ___

Name of other adults in home (age 18 and older):	Age	Gender	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children in home (age 17 and younger):	Age	Gender	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check the main reason for your emergency:

- () Unemployment () Job Change () Decreased Income () Lost/Late Check () Domestic Violence
 () Illness () Death/Desertion () No Budget () Other: _____

Briefly describe your crisis:

Section 4: Income and Expense Information

Acknowledgement of Aid

FACES is a support to families and individuals in crises. Aid is not an income supplement or provided on a regular basis.

By signing below, I authorize FACES to contact anyone necessary to verify my need including property owners, mortgage companies, utilities, medical providers, and pharmacies. My signature also verifies that I have given correct information to the best of my knowledge to FACES. I understand that if I give false information about myself and my household, I can no longer receive future aid from FACES.

Applicant Signature: _____ Date: ____/____/____

Net Monthly Household Income

Work income: \$ _____
Spouse income: \$ _____
Social Security (SSI): \$ _____
Disability: \$ _____
Veteran's Benefits: \$ _____
Work First: \$ _____
Child Support: \$ _____
Unemployment: \$ _____
Other: \$ _____

Recertification dates
for:

- **SNAP** (food stamps) _____
 - **Medicaid** _____

Non-Cash Benefits

Please list the total amount below that is received by any household member:

WIC: \$ _____
SNAP: \$ _____
Other: \$ _____
Medicaid If Yes, check box

Monthly Household Expenses

Rent /Mortgage: \$ _____
Electric: \$ _____
Oil/Gas Heat: \$ _____
Water: \$ _____
Food: (Out of pocket) \$ _____
Medical: \$ _____
Dental: \$ _____
Child Care: \$ _____
Child Support/Alimony: \$ _____
House Phone: \$ _____

Cell Phone(s): \$ _____
Transportation: \$ _____
Car Payment: \$ _____

Car Insurance: \$ _____
Health Insurance: \$ _____
Life Insurance: \$ _____
Furniture/Appliance: \$ _____
Rentals: \$ _____
Loans: \$ _____
Credit Card: \$ _____
Tithe: \$ _____

Budget Worksheet Total: \$ _____

Total Income: \$ _____

Total Expenses: \$ _____

Monthly Surplus of: \$ _____ **/** **Monthly Deficit of: \$** _____

Office Use

Intake Form received by: _____ Date: ____/____/____
 In person/Hand delivered _____ Mail _____ Email _____