



# Calhoun County Assistance Application

All Saints Interfaith Center of Concern

Community Enabler Developer

Family Services Center

Interfaith Ministries

Jacksonville Christian Outreach Center

Piedmont Benevolent Center

SALVATION ARMY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Maiden Name or other names you have used: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 \_\_\_\_\_  
 How long have you lived here? \_\_\_\_\_

Marital Status - Check one      Housing - Check one      Type of Housing Check one      Ethnic -Check one

Common Law       Buying/Own       Apartment       African American  
 Divorced       Homeless       Duplex       Asian  
 Married       Live with others       House       Bi-Racial  
 Separated       Public Housing       Mobile Home       Caucasian  
 Single (Never Married)       Rent       On the street       Hispanic  
 Widowed       Shelter/Rehab       Single Room       Native American  
      If in a shelter-ShelterName \_\_\_\_\_       Rather Not say

**LIST ALL HOUSEHOLD MEMBERS- everyone living in your house, even those not related to you**

Name	Relationship	Date of Birth	Last 4 digits SSN	Current Age	M/F	Race	Source of income/How much
<b>Total income for entire household</b>							\$

Do you receive food stamps? Yes No How much \_\_\_\_\_ Arrives on what day of the month? \_\_\_\_\_ If no, have you applied? Yes No

Are you or anyone in your household a veteran? Yes No If yes, how old are the veterans \_\_\_\_\_

Is anyone in your house going to apply for disability? Yes No If yes, list their ages \_\_\_\_\_

Have you applied for child support? Yes No Does anyone in the home receive WIC? Yes No

Does anyone in the home receive Medicaid? Yes No Does anyone in the home receive Utility Assistance? Yes No

**EMPLOYMENT**

NAME OF YOUR CURRENT EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_ HOURS PER WEEK \_\_\_\_\_

HOW LONG HAVE YOU WORKED THERE \_\_\_\_\_ HOURLY PAY \$ \_\_\_\_\_ CHECK ONE  WEEKLY  BI WEEKLY  MONTHLY

IF UNEMPLOYED, HOW LONG HAVE YOU BEEN UNEMPLOYED AND WHY? \_\_\_\_\_

Is your Spouse or Partner Employed \_\_\_\_\_ YES \_\_\_\_\_ No if yes where and rate of pay \_\_\_\_\_

List all monthly expenses. If you do not owe in a category, put an X

Owed For	Monthly	Past Due
Food		
Electric		
Garbage		
Gas		
Phone		
Water		
TV/Internet		
Child Care		
Child Support (You Owe)		
Car Payment		
Auto Insurance		
Car Gasoline		
Life Insurance		
Health Insurance		
Rx/Medical		
Credit Cards		
Furniture Loans		
Other Loans		
Rent/Lot Rent/Mortgage		

What are you requesting assistance for today? \_\_\_\_\_

How much do you owe? \_\_\_\_\_ How much can you pay? \_\_\_\_\_

What specifically has happened that left you unable to pay this bill at this time.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I herein attest that all the information listed on this application for assistance is correct and that no substantive information has been withheld. I agree that this agency or the referring agency has my permission to obtain and release information related to my application for assistance as is deemed necessary. This permission would include utility companies, landlords, references and others as determined necessary by this agency's staff.

This agency participates in a shared charity tracking system called **Charity Tracker Assistance Network**. The information that you provide herein is entered into an internet data system that is available to a number of charitable agencies in Calhoun County, Alabama. The **Charity Tracker Assistance Network** provides this service so that this agency and other agencies, as described above, can better coordinate what services are provided to the various individuals listed as well as the frequency of services rendered and the accuracy of information as provided. I acknowledge herein that all the information gathered about me is personal and private and that I may decline to sign this application and by doing so I choose not to participate in the **Charity Tracker Assistance Network**. The information from this application, previous applications and for services rendered currently or in the past or for services denied will remain in the **Charity Tracker Assistance Network** for 3 years from the date noted under my signature.

My signature below is acknowledgment of the truthfulness of the answers I give to the questions listed on this application and I also acknowledge the conditions as set forth above.

Signature of applicant	Date
Signature of co-applicant	Date

**FOR OFFICE USE ONLY Do not write below this box**

CDBG Income Levels per chart dated 6.15.2023	Annual Income	# of Family Members	Income Level Percent
<b>Notes:</b>			
Referred From:	Referred To:		

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Date of Service \_\_\_\_\_

Services For \_\_\_\_\_

Pay to \_\_\_\_\_ Amount \$ \_\_\_\_\_ Fund \_\_\_\_\_ Check # \_\_\_\_\_