

Lawrence InterFaith Endeavor, Inc. 2011

Today's Date:

NAME: _____ Date of Birth: _____

Prior married or maiden names _____

Address _____ SSN _____

CITY, STATE, ZIP _____

Home phone# _____ Cell Phone# _____

How long at address? _____ Township _____

Previous address _____

Previous landlord name _____

RENTING?

LANDLORD NAME AND PHONE# _____

Names on lease _____

What utilities are included? Water Gas Electric

Is anyone in the household related to the landlord? _____

BUYING HOME?

Name of Mortgage Holder _____

Names on Mortgage _____

Are you current on house payments? Yes No

Or do you own your own home? Yes No

LIST VEHICLES?

YEAR	MAKE	MODEL
_____	_____	_____
_____	_____	_____

LIFE's mission: To provide temporary emergency assistance to families in need in Lawrence County. Our goal is to encourage and enable families to become self-sufficient.

	<u>Applicant</u>	<u>Family Member #1</u>	<u>Family Member #2</u>	<u>Family Member #3</u>
Name				
Relationship to applicant				
Birth Date				
Social Security #				
Monthly Income				
Income Source				
Current Employer				
Previous Employer				
Last date worked?				
Highest level of education				
	<u>Family Member #4</u>	<u>Family Member #5</u>	<u>Family Member #6</u>	<u>Family Member #7</u>
Name				
Relationship to applicant				
Birth Date				
Social Security #				
Monthly Income				
Income Source				
Current Employer				
Previous Employer				
Last date worked?				
Highest level of education				

Do you or anyone in your household receive assistance from any of the following? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> SUBSIDIZED HOUSING \$ _____ | <input type="checkbox"/> UTILITY ALLOTMENT \$ _____ |
| <input type="checkbox"/> WIC \$ _____ | <input type="checkbox"/> SALVATION ARMY \$ _____ |
| <input type="checkbox"/> TRUSTEES \$ _____ | <input type="checkbox"/> St. Vincent DePaul \$ _____ |
| <input type="checkbox"/> EAP \$ _____ | <input type="checkbox"/> Amount of last tax refund \$ _____ |

INCOME ----- Monthly

- | | |
|--|--|
| <input type="checkbox"/> Wages \$ _____ | <input type="checkbox"/> Social Security \$ _____ |
| <input type="checkbox"/> Wages Spouse \$ _____ | <input type="checkbox"/> Disability \$ _____ |
| <input type="checkbox"/> Workman's Comp \$ _____ | <input type="checkbox"/> Veteran's Benefits \$ _____ |
| <input type="checkbox"/> Food Stamps \$ _____ | <input type="checkbox"/> Other Source \$ _____ |
| <input type="checkbox"/> Child Support \$ _____ | <input type="checkbox"/> TANF \$ _____ |
| <input type="checkbox"/> Unemployment \$ _____ | <input type="checkbox"/> Pension \$ _____ |

EXPENSE ----- Monthly – list amount

- | | |
|--|--|
| <input type="checkbox"/> Rent or Mortgage \$ _____ | <input type="checkbox"/> Health Insurance \$ _____ |
| <input type="checkbox"/> Food \$ _____ | <input type="checkbox"/> Child care/child support \$ _____ |
| <input type="checkbox"/> Gas \$ _____ | <input type="checkbox"/> Credit Cards \$ _____ |
| <input type="checkbox"/> Water \$ _____ | <input type="checkbox"/> Rent to own \$ _____ |
| <input type="checkbox"/> Electric \$ _____ | <input type="checkbox"/> Prescriptions \$ _____ |
| <input type="checkbox"/> Telephone \$ _____ | <input type="checkbox"/> Medical \$ _____ |
| <input type="checkbox"/> Cable/Satellite \$ _____ | <input type="checkbox"/> Cigarettes \$ _____ |
| <input type="checkbox"/> Diapers \$ _____ | <input type="checkbox"/> Loans \$ _____ |
| <input type="checkbox"/> Vehicle Payment \$ _____ | <input type="checkbox"/> House Insurance \$ _____ |
| <input type="checkbox"/> Gasoline \$ _____ | <input type="checkbox"/> Animal Supplies \$ _____ |
| <input type="checkbox"/> Car Insurance \$ _____ | <input type="checkbox"/> Internet \$ _____ |

NEW CLIENTS ONLY:

Please check one:

I have lived in Lawrence County for more than one year, but have not needed help before now.

I have lived in Lawrence County for less than one year

I moved here from: _____

I moved here because:

I grew up here and came back.

I was offered a job here.

I have never lived here but had family friends here.

I was looking for work.

Did someone suggest you come to LIFE? YES NO

Who? _____

How did you hear about LIFE? Check all that apply

Radio Newspaper Family Friend LIFE Client Church

FSSA Salvation Army Trustee United Way

ALL CLIENTS

Please read the following: For Food this must be signed by the primary resident, for financial it must be signed by all adult household members.

- I certify and affirm that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to all members listed on this application. I have not omitted any means of support.
- I understand that misrepresentation or omission can be cause for denial.
- I give permission to LIFE, Inc. to verify any application information with the appropriate person or agencies and to share information that would be helpful in understanding my needs and/or situation, and I have consent to such persons or agencies to release information to LIFE, Inc.
- I agree to hold harmless LIFE, Inc. it's staff, board members, volunteers, and donors against any ill effects suffered in the use of food, furniture, appliances, advice, or other items received through this program.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Signature of Staff at Review _____ Date _____