



HELPING PEOPLE IN OUR COMMUNITY

APPLICATION FOR ASSISTANCE

PART I. APPLICATION INFORMATION

Social Security Number _____ Application Date _____ Date of Birth _____

Name _____
(First) (Middle) (Last)

Mailing Address: _____

Resident Address: _____
City State Zip

Home Phone _____ Phone Cell _____

Referred By _____ Email address _____

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PART II . HOUSE HOLD INFORMATION

List all persons living in household other than applicant. Family Size _____

SS Number Last Name First Name MI Date of Birth Age Relationship

PART III NET MONTHLY HOUSEHOLD INCOME

<u>SOURCE OF INCOME</u>	<u>AMOUNT</u>	<u>30 DAY NET INC</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ANY OTHER INCOME AND AMOUNT

TOTAL OF NET INCOME RECEIVED _____



PART IV List assets for all household members and attach supporting documents.

Name of Banking Institution _____

Checking Account Balances _____

Savings Account Balances _____

Cash Value Life Insurance _____

Stocks and Bonds _____

Money Market _____

Real Estate Investments _____

Other _____

TOTAL _____

PART V HOUSEHOLD EXPENSES

(List all regular household expenses and attach documents)

Mortgage/Rent _____

Utilities _____

Auto Insurance _____

Food _____

Child Care _____

Alimony/Child Support _____

Medical _____

Other _____

Loans _____

Total Regular Expenses _____



PART VI

Emergency Expenses _____

PART VII

Credit Information Summary

PART VIII

Emergency Needs: Describe Emergency. How can Positive Impact help you? Attach supporting documents (Doctor's letters, etc.)

(Attach separate sheet if needed)

Approximately how long do you anticipate the need for aid from Positive Impact? _____



Part IX Statement of Truth

I have examined this application and agree that the information is true and correct to the best of my knowledge. I am aware that the information contained in this application is subject to verification. I understand all statements in this application are made for the purpose of obtaining aid from Positive Impact and that failure to provide requested documentation, or any falsified information, may result in denial of this petition. I agree that this application shall remain the property of Positive Impact.

Signature of Applicant

Date

Authorized Signature of Agency

Date