

APPLICATION FOR ASSISTANCE 2014-2015

Date: _____

APPLICANT INFORMATION:

First Name: _____ M.I. ____ Last Name: _____ Maiden: _____
 Address: _____ Phone: _____
 City, State, Zip: _____ Years at Address: _____
 Marital Status: Married Single Divorced Widowed Separated Common Law Living Together
 Do you have a referral? Yes No If so, from whom? _____

ETHNICITY (check one)
 Hispanic Not Hispanic

C. RACE (check all that apply)
 White African American
 Asian American Indian
 Other _____

INDIVIDUAL HOUSEHOLD MEMBERS: (Please list ALL people living in your household , including yourself)

Relationship To You	Name and Age:	DOB	U.S. Citizen?	VET?	Driver License # or State ID Number	Gender M/F	Race	Medical Insurance?	Highest Grade Completed	Disabled? M or P
1. SELF										
2.										
3.										
4.										
5.										

HOUSING INFORMATION:

Rent: Landlord: _____ Phone: _____ Name(s) on Lease: _____
 Own: House—Payment \$ _____ Mobile Home—Lot Rent: \$: _____ Payment: \$ _____
 Shelter/Transitional Housing _____ Live with someone _____ Homeless
 Is anyone else in your household seeking assistance with us today? Yes _____ No _____
Name of Facility _____ Name of person you live with _____
Name of Person _____

SECTION 8:

Do you receive Section 8 assistance? Yes No
 Total Rent: \$ _____
 Your Part: \$ _____
 Utility Voucher: \$ _____

TRANSPORTATION INFORMATION: (Include all vehicles, cars, trucks, motorcycles, boats, etc...)

Vehicle Make, Model & Year	Monthly Payment	Amount Owed
1.		
2.		

G. REFERENCES:
 (List a personal reference not living in your household)

Name: _____
 Address: _____
 City, ST, Zip: _____
 Phone: _____

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Input Date: _____ Assistance Given: _____ Caseworker: _____

GROSS MONTHLY INCOME: (Give Amounts of income for everyone in Household in each Category)				MEDICAL ASSISTANCE	
Your Wages \$ _____	Employer: _____	Years Employed: _____			
Spouse/Partner \$ _____	Employer: _____	Years Employed: _____			
Other (Family/Friend): \$ _____	TANF: \$ _____	VA Benefits: \$ _____			
Unemployment Benefits: \$ _____	Food Stamps: \$ _____	Alimony: \$ _____			
State Welfare Asst: \$ _____	SSI: \$ _____	Other Retirement			
Soc Sec Disability: \$ _____	Child Support: \$ _____	or Benefits: \$ _____			
What day do you receive Food Stamps? 1 st 5 th 10 th			Total Monthly Income	\$ _____	
CURRENT NEED REQUEST:		LIFE/SOCIAL SUPPORTS:		MONTHLY EXPENSES	
Food: _____ Clothing: _____ Diapers: _____ Special Circumstances related to Needs: _____ _____ _____ _____		What Church do you attend on a regular basis, if any? _____ Minister _____ Did you ask for assistance from your Church or another Church or organization? <input type="checkbox"/> Yes <input type="checkbox"/> No List assistance that you have received in the past 30 days.. _____		Rent/Mortgage \$ _____ Electric..... \$ _____ Gas/Propane..... \$ _____ Water/Trash \$ _____ Groceries/Toiletries ... \$ _____ Eating Out/Lunches ... \$ _____ Laundry \$ _____ Car Payment \$ _____ Gasoline/Bus Fare \$ _____ Car Insurance..... \$ _____ Medical/Dental \$ _____ Prescriptions \$ _____ Childcare/Day Care ... \$ _____ Child Support..... \$ _____ Cell Phone \$ _____ Telephone (Home)..... \$ _____ Cable TV \$ _____ Internet Service..... \$ _____ Movies/Games..... \$ _____ Hair/Nails/Dye..... \$ _____ Clothing \$ _____ Credit Cards..... \$ _____ Loans/Debts..... \$ _____ Club/Y-Membership.. \$ _____ Storage/Rentals..... \$ _____ Tobacco \$ _____ Alcohol/Drug use..... \$ _____ Other \$ _____ Total Expenses \$ _____	
OKLAHOMA COMMODITY FOOD PROGRAM:		APPLICANT'S RESPONSIBILITY:			
Eligibility to receive Commodities requires that you meet income guidelines If you receive any of the benefits below please indicate all that apply: <input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Free or Reduced Lunches		I the signed applicant understand that ... 1. Knowingly providing false information or withholding information will result in denial of assistance 2. My signature authorizes the Alameda Church of Christ to make inquiries to verify information that I have given in this application Information listed above may be released to other agencies on my behalf for the purpose of verification in connection with any assistance that may be provided to me. 3. I certify that my weekly or monthly household income is at or below the income listed on this form for households with the same number of people as my household. I also certify that, as of today, my household lives in Oklahoma. This certification form is being completed in connection with the receipt of Federal assistance. Program officials may verify what I have certified to be true. I understand that making a false statement may result in having to pay the State for the value of the food improperly issued to me and my subject me to criminal prosecution under State and Federal law.			
GROSS INCOME LIMITS (July 1, 2014—June 30,2015)					
Family Size	Weekly Income	Monthly Income			
1	\$416	\$1,800			
2	\$560	\$2,426			
3	\$705	\$3,051			
4	\$849	\$3,677			
5	\$993	\$4,303			
6	\$1,138	\$4,929			
7	\$1,282	\$5,555			
8	\$1,427	\$6,181			
9	\$1,572	\$7,233			
10	\$1,717	\$7,859			
		Applicant Signature: _____			