APPLICATION FOR ASSISTANCE

Please complete this form to the best of your ability.

Incomplete applications may result in a delay in processing your request.

Name:			Date of Birth:				
Street Address:				City:			
County:				Zip:			
Mailing Address (if	different):						
Male: Fe	emale:						
Marital Status: Sir	ngle Married	Separ	ated	Divorced	Widowed		
Spouse:				_ Date	of Birth:		
Best Phone #:		Othe	er Telepl	none #:			
Email Address:							
Have you ever filed	bankruptcy before:	Yes		No	What year?		
Income and Assista	ance:						
Are you working?	Yes No		Is you	r spouse worki	ing? Yes No		
If no, when did you	last work?		If no,	when did your	spouse last work?		
Other than yourself	and your spouse, who	else live	s in you	household?	**		
Age	Relationship			his person ou anything?	How much money does this person get a month before taxes?		
		<u> </u>					

Do you or your spouse, if you have one, receive any of the following:

<u>Source</u>	<u>Yes or No</u>	How much per month?	When did it start?
Paycheck			
Social Security Retirement			
Social Security Disability			
Pension			
Child Support			
Spousal Support/Alimony			
Food Stamps			
Rent from anyone			
Side Jobs			
Money from Roommate(s)			
Family Help			
Adoption Subsidy			
Business			
Any other source of income			
Housing:			
Do you own any house, land, Condos, vacant land, etc? Ye		Do you li	ve in this house or property?
If you <u>do</u> own a house, please	tell us:	Yo	es No
How much is owed on the hou	ise?		
How much is the house worth	?		
What is your monthly paymen	t?		
Do you want to keep this hous	se?	Yes	No

If you don't own a house, please tell	l us:			
Do you rent an apartment or house		Yes	No	
If you do, how much is your monthly	y rent?			
If you don't own a house or rent an a or house, please tell us:	apartment			
What is your living situation (family	r, friends, etc.)?			
How long has this been the situation	?			
Personal Property:				
Do you own or have any of the follo	wing, regardless of v	alue:		
	How much it is wor Please list a dollar a			Describe it a little
Cars?			_	
Bank accounts?			_	
Investment accounts?			_	
Retirement accounts?			_	
Income tax refunds (received or due to you)?			_	
Any item worth more than \$575.00			_	
Other:				
Did you receive a tax refund for the last tax year?				
When did you file your most recent to	taxes?			
When did you receive your refund?				
Amount of tax refund				
Are you suing anyone?				
Are you entitled to receive any inher	ritance?			

Your Debts: Do you owe any of the following: if so, please state the *estimated* amount: Credit cards? Student loans? State of Federal taxes? Overpayment of unemployment Or state assistance benefits? Medical bills? **Utilities?** Money related to your driver's license? Child support or spousal support? Any other debt? Is anyone suing you right now? **Optional questions:** Do you have any physical or mental disabilities? If so, please describe: When did your financial troubles begin? How did you hear about us? What is your **number one** reason you want to file bankruptcy right now? *Circle one or complete "other"* Stop an eviction Stop garnishment Get rid of credit cards I am being sued Save my car right now Other (describe):

Please complete the **ENTIRE** application. If you do not, your application may be denied or the approval of it may be delayed.

Signature