Family Assistance Application Form

Organization/Program Name: _____
Date: _____

SECTION 1: APPLICANT INFORMATION

Full Name: _____
Date of Birth: _____
Phone Number: _____
Email Address (if available): _____
Home Address: _____
City: _____ State: _____ ZIP: _____

SECTION 2: HOUSEHOLD INFORMATION

Total Number of People in Household: _____
List Household Members (Name, Age, Relationship):
1)_____ Age_____ Relationship_____

2)_____ Age_____ Relationship_____

3)_____ Age_____ Relationship_____

4)_____ Age_____ Relationship_____

5)_____ Age_____ Relationship_____

Do you rent or own your home? ☐ Rent ☐ Own ☐ Other
Monthly Rent/Mortgage: $_____

SECTION 3: INCOME INFORMATION

Primary Source of Income:
☐ Employment ☐ Unemployment ☐ Social Security ☐ Child Support ☐ Other: _____

Monthly Income (before taxes): $_____
Other Income (if any): $_____

Are you currently receiving any of the following? (Check all that apply)
☐ SNAP (Food Stamps)
☐ TANF (Temporary Assistance for Needy Families)
☐ WIC (Women, Infants & Children)
☐ Medicaid / CHIP
☐ Section 8 Housing Assistance
☐ SSI / SSDI
☐ Unemployment Benefits
☐ Other: _____

SECTION 4: TYPE OF ASSISTANCE NEEDED

(Please check all that apply)
☐ Food Assistance
☐ Clothing
☐ Utility Bill Assistance
☐ Rent/Mortgage Help
☐ Transportation Support
☐ Childcare Assistance
☐ Medical / Health Support
☐ Other: _____

SECTION 5: CONSENT & SIGNATURE

By signing below, I confirm that the information provided is true and complete to the best of my knowledge. I understand that my information may be used to help connect me with local or government assistance programs.

Signature: _____
Date: _____