

Application for Assistance

Contact Information

Full Name			
Street Address			
City		State	
Zip Code			
Period of Occupancy			
Phone Number			
Marital Status	Married Single	Divorce	Separated
Spouses Name			
Number of Children			
Age of children			
Amount Requested			

Employment Information

Present Employer/Company			
Address			
City		State	
Zip Code			
Hours Worked	Full-Time Salaried	Part-Time	Hourly
How Paid	Every Week Other	Every Two Weeks	
Gross Pay			
Net Pay			

Tenure With Company

Other Source of Income (ADA, Child Support, Bonuses)

Source

How Often

Amount

Source

How Often

Amount

Source

How Often

Amount

Church Relationship

Are you a member of
CrossRoads?

Yes
No

If yes, how long?

If yes, how often do you attend?

If no, are you a member of
another church?

If yes, where?

Assistance Needed

Type of assistance needed

Job

Food

Housing

Gas

Referred By

List income of previous month

Are you receiving welfare
assistance

Yes
No

If yes, how much?

List other agencies you have
applied for in the last month

Reason for request

I hereby authorize Crossroads Fellowship to verify all the above information. I declare that 911 the information is complete and truthful to the best of my knowledge. I hold Crossroads Fellowship and its staff and employees harmless as related to any service associated with this application:

Driver Licence Number

Social Security Number

Signature of Applicant

For Church Use Only

Pastor

Date

Type of Assistance