



6078 Westerham Rd. Mayfield Heights, OH 44124

APPLICATION FOR ASSISTANCE

Return Date:
Please Print

Date _____

Referral Source _____

Address _____ Phone _____

Description of Assistance

Reason for Requesting Assistance

Name _____ Social Security _____

Address _____

Phone Number _____
Residence Business

Employer _____ Salary _____



Family members residing in your home

(1)	_____	_____	_____
	Name	Gender	Date of Birth & Age
(2)	_____	_____	_____
	Name	Gender	Date of Birth & Age
(3)	_____	_____	_____
	Name	Gender	Date of Birth & Age
(4)	_____	_____	_____
	Name	Gender	Date of Birth & Age
(5)	_____	_____	_____
	Name	Gender	Date of Birth & Age
(6)	_____	_____	_____
	Name	Gender	Date of Birth & Age

1. How long since your last day of work?
2. Are you employed by a temporary agency?
3. What type of work do you do?
4. How many applicants/interviews have you been on since termination?
5. Are you receiving any type of IE: section 8, food stamps, OWE, child support, WIC, etc?

Description of Need upon Interview

Recommended Assistance

Assistance approved by _____ Date _____

Assistance Given

By _____ Date _____

<p>Attach copies of the following documents:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of All Sources of Income - Last 4 Paycheck Stubs, etc. <input type="checkbox"/> All Bills (Utilities, Rent/Mortgage, Auto, etc.)
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APPLICANT CERTIFICATION

I understand the purpose of this application is to determine my eligibility for assistance. By signing this application, I certify that I have been truthful in answering this form and that the information I have provided is correct to the best of my knowledge. I understand that falsification of this information could disqualify me for any assistance.

Signature

Date

Office Use Only

Date Received: _____

Approved: _____

\$ amount _____