

**Service Makes Individual Lives Exciting (SMILE) ECUMENICAL SERVICES  
FINANCIAL ASSISTANCE APPLICATION - 2022**

**APPLICANT INFORMATION**

Name: <i>First</i>			<i>Middle</i>			<i>Last</i>		
Date of birth:			Church Affiliation: _____			Phone: ( <i>Home</i> ) ( <i>Cell</i> ) E-mail:		
Current address:								
City:			State:			ZIP Code:		
Own    Rent    (Please circle.)			Monthly payment or rent:			How long?		
Veteran: Yes _____ No _____			Gender: Male    Female: (Please circle.)					
Disabled: Yes _____ No _____			Marital Status: Married _____ Single _____ Divorced _____ Widow _____					

**EMPLOYMENT INFORMATION**

Employer:								
Employer address:						How long?		
City:			State:			ZIP Code:		
Position:			Salary: Hourly Rate <b>OR</b> Net \$ per month			Hours worked per week:		
Annual Income:								

**PURPOSE OF THIS REQUEST**

Rent/Mortgage _____ Utilities _____ Other _____ (Specify)								
Amount Requested: \$			Payee:			Account Number:		
Payee Address:								
City:			State:			ZIP Code:		
Payee Phone Number:			Do you have an eviction notice? Foreclosure? _____ Yes _____ No _____ Copy Provided? Yes (Attach copy.)			Do you have a utility shut-off notice? Yes _____ No _____ Copy Provided? Yes (Attach copy.)		

**ADDITIONAL INFORMATION**

Referred by church or other agency? (Specify)								
Help received from churches or other agencies? Yes _____ No _____ If yes, please indicate which church/agency. _____								

**PLEASE LIST HOUSEHOLD MEMBERS BELOW.**

Name	Date of Birth	Relationship	Veteran?	Disabled?

I certify that the information given above is true and correct to the best of my knowledge.

Applicant's Signature:	Date:
Signature of co-applicant, if for joint account	Date:



**For Case Managers Only:**

**TYPE OF ASSISTANCE (utility, rent, mortgage, other):** \_\_\_\_\_

**FORM OF PAYMENT:**

**ELECTRONIC:** PHONE/INTERNET/OTHER (Circle appropriate choice.)

**MAILED:** (List the mailing address, if it is different than above.)

**CHECK** \_\_\_\_\_ (*INCLUDE CHECK NUMBER.* Make a copy of the check for the file.)

**Notes:**

**Follow-up:**

*Contact should be made with client three months following the assistance to determine status.*

**Date contact was made:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Spoke to:** \_\_\_\_\_

**Additional Comments/Notes:**