SMILE ECUMENICAL MINISTRIES, INC.
EMERGENCY ASSISTANCE

DATE OF APPLICATION:_____ CASE WORKER:_____

IF BOXES ARE LEFT BLANK, APPLICATION CANNOT BE REVIEWED.

Name: ***LAST***	***Middle Initial***	***FIRST***
Date of birth:	Email:	Cell Phone:
Street Address:		Home Phone:
City / State	ZIP Code:	
Own Rent (Please circle.)	Amount of Rent or Mortgage: $_____per month	How long lived there?

Disabled: Yes____ No____ Single____ Married____ Divorced/Separated____ Widowed____

CHECK ALL THAT ARE RECEIVED BY ANYONE OVER AGE 18 IN YOUR HOUSEHOLD:

____ **DISABILITY INCOME** Amount: $_____ per month

____ **SOCIAL SECURITY OR SSI (Person 1)** Amount: $ _____per month

____ **SOCIAL SECURITY OR SSI (Person 2)** Amount: $ _____per month

____ **CHILD SUPPORT** Amount: $_____per month

____ **JOB EARNINGS (Person 1)** Amount: $ _____per month **OR** $_____per week

____ **JOB EARNINGS (Person 2)** Amount: $_____per month **OR** $_____per week

____ **OTHER** _____ Amount: $_____per month
(what is the Source of Other Income?)

Purpose of Request (check one):

____Electricity ____Water ____Propane ____Oil ____Other (specify)_____

Amount Requested: $_____ **BILL MUST BE ATTACHED**

Do you have a utility shut-off notice? Yes____No____ **(ATTACH COPY)**	Have you applied to the *OHEP Maryland Energy Assistance Program?* Yes____No_____	Approximately how many times per month do you use SMILE Food Pantry? _____ times/month

List below any other churches or agencies where you have applied for help with this bill (or write 'None').

PLEASE COMPLETE BACK SIDE (REQUIRED)

List ALL Household Members	Date of Birth	Relationship	Veteran?	Disabled?

I certify that the information given above is true and correct to the best of my knowledge. I give my permission for this information to be shared with other helping agencies as needed.	
Applicant's Signature:	Date:
Signature of co-applicant, if for joint account	Date:

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For Case Managers Only:

TYPE OF ASSISTANCE (utility, rent, mortgage, other):____________________

FORM OF PAYMENT: ___________________________ AMOUNT OF PAYMENT: _______________

CHECK #____________________ DATE OF CHECK:______________ DATE MAILED:_____________

NOTES:

Updated 7/6/26 (L. Hays)