

SOCIAL MINISTRY APPLICATION

Today's Date: _____

First Name: _____ Last Name: _____

Your Address: _____

Home Phone No: _____ Cell Phone No: _____

Family Size (Adults) _____ (Children) _____

Which County do you live in? _____

Individuals in Household (Adult and Children): **List ALL living in household.**

Name	DOB	Employer	Monthly Income

Have you applied for assistance with Social Services? _____

Have you applied for assistance with Franklin Cooperative Ministry? _____

Have you applied with the Salvation Army? _____

If yes to the three questions above, what was the outcome? _____

Are you currently employed? _____ Full Time/Part Time? _____

Do you receive Public Assistance? _____

If so, What type of Assistance? _____

WHAT IS THE PURPOSE OF THE REQUEST FOR FUNDS? _____

How much are you requesting? \$_____ Do you own a vehicle? _____

Reason for delay in requesting assistance: _____

Have you received funds from any other source (Y or N)? _____

If yes, from whom and how much: _____

Is there a deadline on your request? For example, a past due bill _____

YOUR SIGNATURE: _____ Date: _____

***** Application must be filled out in full. Omission of required information could result in denial of application.**

**** Required verifications: Failure to provide verifications could result in denial of application.**

- **Copy if ID**
- **Most Recent Pay statement or social security letter/proof of income**
- **Copy of most recent utility bill or rent statement**

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For Office Use: Date - Approved _____ Not Approved _____

By: _____

IF APPROVED, AMOUNT\$ _____