

APPLICATION FOR ASSISTANCE

(Please Print Legibly)

Date:	Social Security #		
1. Name	Phone Number		
Date of Birth	Address	City	State
ZIP	Driver's License or AL Idea	ntification Card #:	
2. Employment Inform	ation: Are you employed?	Yes No	
Employer Name	Address		_
Phone #	Spouse'	's Employer (If Married)	
Address		Phone #	
3. How many people as	re in your household?		
4. Are you a church me	ember? Yes No		
If no, then who refe	erred you to us?		
Are you a member o	of FBC Vernon? Yes	No	
Would you like mon	e information about salvation	n, church membership or prayer?	Yes No
5.What assistance do y	ou need? (Please be specific)		
	• •	om any government agency (unemp	-
7. We give assistance	by appointment on Tuesdays	and Thursdays from 1pm-3pm.	
When would be the	best time for your appointme	ent?	
We will notify you <u>b</u>	y the phone number give	en on this application of your a	ppointment date and time.
Applicant Signature		Date:	
		and	
	is only <u>once-a-year</u> assistanc pers	e. Our church is only able to assist	as a direct result of the

donations of our members.

*You must make an appointment for assistance. When you come for your appointment you will need to bring the

following: a current driver's license/AL ID, proof of residence, your bill (if you're needing assistance with paying a bill), proof of government assistance (if you receive any), etc.*