



Request for Assistance Form

Member Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Employer: _____ Check Number: _____

Department: _____ US Military Veteran? _____

Financial Information

Income

Date of Last Pay
Check ____/____/____

Amount of Last Pay
Check \$_____.

Other Family Members Working

Family Member

Income

_____ \$ _____ per week

_____ \$ _____ per week

_____ \$ _____ per week

Other Income

Source

Amount

_____ \$ _____ per month

_____ \$ _____ per month

Bank Account Balance \$_____.

Other Assets That Can Be Converted To Cash

Asset

Value

_____ \$ _____.

_____ \$ _____.

What have you done to obtain credit?

Are there any special circumstances?

Expenses

Amount of Mortgage or Rent? \$ _____.

Car or Lease Payments? \$ _____.

Utilities \$ _____.

Water \$ _____.

Gas \$ _____.

Electricity \$ _____.

Other \$ _____.

Number of Dependents _____

<i>Name</i>	<i>Age</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Record of Action Taken

Date of Request _____ / _____ / _____

Date of Action _____ / _____ / _____

Action Taken (circle one)

Request Withdrawn Referred Granted Denied