

Please print clearly and legibly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_ School Dist. \_\_\_\_\_

Property Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

At this address how long? \_\_\_\_\_ Type of Assistance Requested: \_\_\_\_\_

Be prepared to show Proof of Identification (DL, ID, SS#) (One form of photo ID req) and proof of address (current utility bill or lease)

Full Names of ALL Household Members	Disabled? Yes/No	Employed Yes/No	Age	Birthdate	Health Ins. Yes/No	M/F	Marital Status

For all adults in household that are unemployed, give reason for unemployment: \_\_\_\_\_

Total Household Income: \$ \_\_\_\_\_ Rent/Mortgage Amount per Month: \$ \_\_\_\_\_

Landlord address and phone # \_\_\_\_\_

Employer: Self \_\_\_\_\_ Employer: Spouse \_\_\_\_\_

Do you have other support(child support, family, friends,church, etc.?) Please explain: \_\_\_\_\_

What assistance are you currently receiving(Housing Assist., Food Stamps, Energy Assist., W-2)? \_\_\_\_\_

Have you ever received assistance from Side by Side, or any similar group? \_\_\_\_\_

How did you hear about Side by Side? \_\_\_\_\_

The above information is true and accurate to the best of my knowledge \_\_\_\_ (initials). I expressly authorize Side by Side, Inc. to use, rely upon, and share this information to determine how Side By Side, Inc. may be able to assist me \_\_\_\_ (initials). I understand that Side By Side, Inc. is a charitable organization with limited resources and that they may not be able to help me as I have requested, financially or otherwise \_\_\_\_ (initials).

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Do NOT write below this line - For office use only

Assistance given

Participating SbS Directors signatures