



WESTERN WAKE CRISIS MINISTRY (WWCM) FINANCIAL AID INTAKE FORM

Today's Date: ___/___/___

First Name: _____ Middle Initial: _____ Last Name: _____
Street Address: _____ City _____ Zip code: _____
Email address: _____ Phone #: _____ Birthdate: ___/___/___ Age: _____

Number of Persons in Household: _____

Names of all Adults & Children in Household:

Name	Date of Birth	Relationship
1.		
2.		
3.		
4.		
5.		
6.		

Please have the following information ready:

- Proof of residency. (Picture ID and current proof of address)
- A copy of your past due bill, late bill or final notice. (housing, utilities or prescriptions)
- Lease if asking for rental support
- Documentation about your current situation. This may include unemployment verification, medical paperwork, verification of disability, car repair estimate, police report, court documentation, or proof of income for the past two months, etc. Please ask us if you are unsure what you need.

Please write a short statement about what event(s) occurred that you feel contributed to the financial situation you are seeking help with. When you are finished, please read & sign "notice to applicant" section below and someone will be out to meet with you shortly.

How can Western Wake Crisis Ministry help you?

- Rent Town Utility Duke Energy PSNC Water Bill
 Prescriptions Resources Other (be specific): _____

Notice to applicant

By signing this form, I give WWCM permission to contact any party we deem necessary to make a responsible decision regarding my request. We will do our absolute best to maintain your privacy. I understand that WWCM is not able to guarantee complete confidentiality primarily due to the large number of volunteers and visitors inside the agency. My signature below this form indicates that all the information I have provided to WWCM is truthful to the best of my knowledge. I understand if I have given false information or not fully disclosed my circumstances that I may not be able to receive current or future assistance from WWCM.

(Applicant/Representative Signature)

___/___/___
(Date)

Complete Reverse Side



BUDGET WORKSHEET

Income Categories From Everyone in Household

Monthly Income from Work	\$
Child Support	\$
Social Security	\$
Disability	\$
Unemployment	\$
Income from others in house	\$
Housing Assistance	\$
TANF	\$
Work First	\$
Food Stamps	\$
Total Income	\$

Monthly Expenses

Housing	
Rent/Mortgage Payment	\$
Homeowners/Renters Insurance	\$
Electricity	\$
Water	\$
Heating Fuel (Gas Propane)	\$
Cell Phone	\$
Other	\$
Sub Total	\$
Transportation	
Car Insurance	\$
Auto Fuel/Gas	\$
Other	\$
Sub Total	\$
Health	
Medical Insurance	\$
Medicine/Drug	\$
Doctor/Dentist/Optomtrist	\$
Hospital	\$
Other Health	\$
Sub Total	\$
Loans/Credit Car Debt	
Auto Loan	\$
Credit Card Payments	\$
Educational Loan	\$
Installment Loan	\$
Personal Note	\$
Other Loan	\$
Sub Total	\$
Food & Other Expenses	
Food	\$
	\$
Sub Total	\$
Total Expenses	\$

Thermostat setting

My heat is set on _____
degrees in the winter



My AC is set on _____
degrees in the summer



Housing Status

Please indicate your current housing status:

- Homeless
- Reside in a shelter
- Staying in a domestic violence shelter
- Have a permanent home

How long have you lived at your current address? _____

From _____ To _____

How long did you live at the previous address? _____

From _____ To _____

If you have a permanent home, do you own or rent your home?

- Own Rent