

A Servant's Heart



APPLICATION FOR ASSISTANCE

A Servant's Heart

610 W. Jefferson

P.O. Box 332

Ottawa, IL 61350

815.434.3470

Office Hours

Monday, Tuesday, Thursday & Friday

9 a.m. to 3 p.m.

Wednesday

9 a. m. to 12 N

A Servant's Heart



610 Jefferson Street
P.O. Box 332
Ottawa, IL 61350
815.434.3470
info@ashottawa.org

APPLICATION FOR ASSISTANCE

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____

Soc. Security #: _____ Home Phone: _____ Cell hone: _____

Married: _____ Single: _____ Divorced: _____ Widowed: _____ Veteran (Y or N): _____

Church Attending: _____ Pastor Name: _____

Referred By: _____ Any Felonies (Y or N) _____

Currently Employed? (Y or N): _____ Full or Part-Time (circle one) Where?: _____

Number People in Household: _____ (Please list names and ages below, **including applicant**)

Last Name

First Name

M/F

Age

DOB

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Assistance Requested: _____

Have you received any of the following in this past year? Please check all that apply:

Services from A Servant's Heart (If yes, explain what services): _____

WIC Medical Card Medicare Domestic Violence Assistance LIHEAP Food

MONTHLY INCOME & EXPENSES (NET/ESTIMATED)

INCOME:

EXPENSES:

Employment Wages _____

Rent _____

Unemployment _____

Mort. _____

Pension _____

Electric _____

Social Security _____

Gas _____

S.S. Disability _____

Water _____

Veteran Benefits _____

Phone _____

Workers Comp. _____

Cable _____

Child Support _____

Internet _____

TANF (Publ. Aid) _____

Car Ins. _____

Township Asst. _____

Car Payment _____

Link _____

Car Fuel _____

Other _____

Child Care _____

Child Support _____

Other _____

TOTALS INCOME: _____

TOTAL EXPENSES: _____

Difference: Income: _____ - Expenses: _____ = _____



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AUTHORIZATION FOR RELEASE/EXCHANGE OF INFORMATION

I _____ authorize A Servant's Heart to release and/or exchange information with any or all churches and/or organizations to evaluate my situation or collaborate resources necessary to help my situation with the exception of the church(es) or organization(s) listed below. I do not authorize A Servant's Heart to contact or exchange information with:

I do understand this is not a guarantee of services by A Servant's Heart or any other organization.

SIGNATURE: _____

PRINT NAME: _____

WITNESSED BY: _____

DATED THIS _____ OF _____, 201

