

Income (Primary Applicant):

Employer:

Employment Income per month: \$ per month / Food Stamps/SNAP/SUNCAP: \$

Unemployment income per month: \$

Social Security per month: \$ SSI per month: \$

SSD per month: \$ AFDC: \$ Child Support per month: \$

Other Income per month: \$

Income (Spouse):

Employer:

Employment Income per month: \$ per month / Food Stamps/SNAP/SUNCAP: \$

Unemployment income per month: \$

Social Security per month: \$ SSI per month: \$

SSD per month: \$ AFDC: \$ Child Support per month: \$

Other Income per month: \$

Expenses:

List all monthly expenses that your household has.

Rent: \$ Mortgage: \$ Electric: \$ Cable: \$
Phone: \$ Water: \$

Car Payment: \$ House Insurance: \$ Car Insurance: \$
Health Insurance: \$ Medicines: \$

Other Medical: \$ Food: \$ Clothing: \$ Tobacco Products: \$
Alcoholic Beverages: \$

Does anyone else pay any of your living expenses? Y N If yes, who?

Ethnicity:

(place X on line)

Hispanic/Latino Non-Hispanic/Latino Don't Know
Refused

Race:

(place X on line)

American Indian or Alaskan Native Asian Black/African American
 Native Hawaiian or Other Pacific Islander
White Don't Know Refused

Primary Language:

(place X on line)

English Spanish Other

Homelessness:

(place X on line)

Yes, I am homeless. No, I am not homeless. I'm not sure:
Refused:

Veteran Status:

(place X on line)

Yes, I am a veteran. No, I am not a veteran. Don't know
Refused

Disabled Veteran:

(place X on line)

Yes, I am a disabled veteran. No, I am not a disabled veteran.

Citizenship:

(place X on line)

US Resident? Y N US Citizen? Y N Immigrant? Y N If immigrant, how long?

To determine how and/or if we can be of assistance, please provide the following information: What is your need today and what specific help are you requesting? (PLEASE PRINT)

What crisis or situation has caused you to request assistance? (PLEASE PRINT)

If requesting monetary assistance from THE HOLY TRAP MINISTRIES, how will you pay for next month's rent/utilities, etc.? (PLEASE PRINT)

Have you been assisted by any other church/agency/organization? Please list the name and number for the church/agency/organization.

Applicant Signature:

By signing this, you declare that all of the above information is accurate and true.
False statements are grounds for refusing assistance.

Sign full name Date

Applicant - do not write below this line. Office use only.

Evaluation:

Date	Counselor's Name	Recommendation	Gospel Presented?