

Helping Hands Senior Application

(Applicants Must Be Age 62 or Older)

Please Return to Stanly Community Christian Ministries by November 15th, 2021

Isaiah 46:4- "I am your God and will take care of you when you are old and your hair is gray. I made you and will care for you; I will give you help and rescue you."

Applicant's Name: _____ Age _____

Last 4 of Social Security #: _____

Mailing Address: _____

Street Address (if different): _____

City: _____ Zip Code _____

Phone #: _____

Employer (if applicable): _____

Monthly Household Income: _____ *(please provide proof of income)*

Fixed Income Amount: (i.e. Soc. Sec., SSI, Disability, etc.): _____

Are you a veteran? Yes No Branch: _____ Years of Service _____

Please indicate any specific or special needs with a cost under \$50.00:

I understand that this information will be used to determine eligibility for Helping Hands assistance. I give permission for this agency to release this information to other agencies during the year. I further understand that Helping Hands cannot guarantee that I will receive assistance.

I understand that if I give false or misleading information or fail to complete this application in its entirety it will result in assistance being denied.

Signature _____ Date _____

I authorize **Stanly Community Christian Ministry**, as a Charity Tracker participating agency, to share my basic identifying and non-confidential service transactions/information with other Charity Tracker participating agencies. I authorize the use of a copy of this form to serve as an original for the purposes stated above. I further authorize **Stanly Community Christian Ministry**, as a Charity Tracker participating agency, to share my dependent's basic identifying and non-confidential service transactions/information with other Charity Tracker participating agencies.

Applicant or Legal Guardian Signature

Agency Representative Signature

Date _____

Date _____