

Application for Assistance – SCCM, Inc. Assistance Center

Name: _____ Date: _____

Address (Street): _____ Last 4 Digits of SSN: _____

Address (Mailing – If Different): _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone #: _____ Age: _____ Church Background: _____

(Circle One – Home Cell) Is there a Veteran in the household? _____ Who?: _____

Reason for Crisis (circle all that apply): 1 – Accident 2 – Illness 3 – Desertion 4 – Domestic Violence

5 – Loss of Employment 6 – Under Employment 7 – Low Fixed Income 8 – Unexpected Expenses

9 – Other (Explain) _____

Last grade completed: _____ Have you applied with SCCM before?: _____

Have you sought help elsewhere?: _____ If so, where?: _____

When?: _____ What was the outcome?: _____

Marital Status (circle one) Single Married Widow Separated Divorced

Race (Optional) Asian Black White Hispanic

OTHERS LIVING WITH YOU

Name	Date of Birth	Last 4 of SSN	Relation to Applicant	Income*

*Any Source

HOUSEHOLD INCOME – 18 years and older

Name of Each Adult in Household	Working?	If so, where?	If not, why not?

TYPE OF INCOME (per month)

For **You:** Your Name _____

Job \$ _____ Disability \$ _____ Social Security \$ _____ SSI \$ _____ VA \$ _____

Retirement \$ _____ Unemployment \$ _____ Work 1st \$ _____ WIC \$ _____ Other \$ _____

Do you get Food Stamps? Yes / No How much? \$ _____ Card #: _____

(circle one)

For **OTHER HOUSEHOLD MEMBER(S):** Name _____

Job \$ _____ Disability \$ _____ Social Security \$ _____ SSI \$ _____ VA \$ _____

Retirement \$ _____ Unemployment \$ _____ Work 1st \$ _____ WIC \$ _____ Other \$ _____

Do you get Food Stamps? Yes / No How much? \$ _____ Card #: _____

