



The Salvation Army, 181 E. Herrick, Wellington



YOUR NAME _____ PHONE _____

ADDRESS _____ E-MAIL _____

BIRTHDATE _____ LAST FOUR DIGITS OF SOCIAL SECURITY # _____

Single _____ married _____ divorced _____ separated _____ widow/er _____

LANDLORD _____ ADDRESS _____ PHONE _____

WHEN MOVED THERE? _____ PREVIOUS ADDRESS: _____

Do you rent _____ own your own home _____ Live with relatives/friends _____ other _____

EMPLOYER _____ ADDRESS _____ PHONE _____

Name of others in household Birthdate Last 4 #'s of Social Security Relationship to you

Multiple horizontal lines for listing household members.

How can we help _____

Have you been to Well-Help _____ Oberlin Community Services _____ Where else? _____

Have you applied for: Regular HEAP _____ EMERGENCY HEAP _____ PIPP or budget payment \$ _____

Nord _____ Catholic Charities _____ HUD or Metro Housing _____ Unemployment _____

Money that comes in each month :

Money that is paid out each month

Income from your job: \$ _____ Spouse's \$ _____
ADC \$ _____
Food stamps \$ _____
S.S.I. \$ _____
Pension \$ _____
Social Sec. \$ _____
Unemployment \$ _____
Child Support \$ _____
Other \$ _____

Rent/mort \$ _____
Water/elec \$ _____
Gas/propane \$ _____
Phone \$ _____
Car payment \$ _____
Medical bills \$ _____
Credit cards \$ _____
Food \$ _____
Other \$ _____

I, the undersigned, hereby authorize The Salvation Army to release any or all information as needed to help provide me with necessary assistance. I do hereby release The Salvation Army from any liability as they seek to assist me.

DATE

SIGNATURE