EMMANUEL LUTHERAN CHURCH

1003 Hickory Hill Lane ~ Hermitage, TN 37076
615-883-7533

*****IF YOUR APPLICATION IS APPROVED YOU WILL NOT BE ELIGIBLE FOR ADDITIONAL ASSISTANCE FOR 12 MONTHS FROM THE DATE OF THIS APPLICATION.**

APPLICATION FORM

ALL QUESTIONS MUST BE ANSWERED

_____ _____ _____
Applicant First Name I Last Name

_____ _____ _____ _____
Street Address City State Zip

_____ - _____ - _____ _____ - _____ - _____ _____
Cell Phone Land Line Language

Ethnic Background: [ ] African American [ ] Arab [ ] Caucasian [ ] Hispanic/Latino [ ] Multi-Cultural [ ] Other _____

LIST ALL ADULTS & CHILDREN IN THE HOUSEHOLD

NAME	M/F	DATE OF BIRTH
		/ /
		/ /
		/ /
		/ /

If there are more than 4 Household Members, please list all others on a separate sheet.

HOUSEHOLD INCOME – REPORT ALL INCOME

Applicant Total Income $_____ [ ] Weekly [ ] Bi-Weekly [ ] Monthly [ ] Yearly – **Provide 4 Current Paystubs**

Employer _____ Street _____

City _____ State _____ Zip _____Phone _____ - _____-_____

Spouse/Other Total Income $_____ [ ] Weekly [ ] Bi-Weekly [ ] Monthly [ ] Yearly – **Provide 4 Current Paystubs**

Employer _____ Street _____

City _____ State _____ Zip _____Phone _____ - _____-_____

Child Support $_____ Include monthly support for all children

Do you or anyone in your household receive the following? [ ] WIC [ ] Section 8 [ ] SSI [ ] SSDI [ ] SSA [ ] SNAP (Food Stamps) [ ] TANF (Temporary Assistance for Needy Families) or [ ] Unemployment Compensation? Total Amount Received $_____. **You are required to provide documented proof of ALL benefits received. Failure to provide this documentation will result in a denied application.**

Rent/Mortgage $ _____ Electric $ _____ Gas $ _____ Water $ _____ **- Provide the 1st page and Signature page of your Lease Agreement (or copy of a monthly mortgage statement) with your application. Failure to provide this documentation will result in a denied application.**
Apartment Manager's Name: _____ Phone: _____- _____-_____

Please briefly explain why you have fallen behind: _____

_____

Amount of assistance requested: $ _____ **Type of assistance needed** (e.g., rent/mortgage, NES, water, propane, etc.): **Be specific**: _____

Have you applied with any other resources for assistance? If so, name all with whom you have applied and the assistance received, if any? _____

- **YOU MUST INCLUDE A VALID PHONE NUMBER SO YOU CAN BE CONTACTED. IF, FOR ANY REASON, WE ARE UNABLE TO REACH YOU, YOUR APPLICATION WILL BE DENIED.**

- **A COMPLETED REGISTRATION FORM MUST INCLUDE PROOF OF RESIDENCY AND INCOME VERIFICATION, INCLUDING A COPY OF THE BILL FOR WHICH YOU ARE REQUESTING ASSISTANCE. FAILURE TO PROVIDE THE REQUIRED DOCUMENTATION WILL RESULT IN A DENIED APPLICATION.**

It is affirmed that the information I provided above is true and correct. Emmanuel Lutheran Church Social Ministries reserves the right to request additional information as needed. Should my circumstances significantly improve or if there are any changes in my household, I will immediately notify Emmanuel Lutheran Church Social Ministries. I fully understand and acknowledge that Emmanuel Lutheran Church Social Ministries will verify the information provided as is necessary to approve my application. **(Your signature is required for the application to be approved.)**

APPLICANT SIGNATURE: _____ **DATE**: _____

*If you have any questions, please contact Emmanuel Lutheran Church at (615) 883-7533 and leave a message. Your call shall be returned within 24 – 48 hours by a Social Ministries Committee Member. Please do not leave multiple messages.

***** NOTICE: Applications are reviewed only on the fourth Thursday of the month in which they are received. If your application is approved for assistance, a committee member will notify you the following day. We DO NOT approve emergency applications.**

Do not write below this line

Residence verified by: _____ Income verified by: _____

APPROVED BY ELC: _____ **DATE**: _____