Wedowee First UMC † Serving Others Date: _____

Name:_____
(Last) (First) (Middle)

Whom may we thank for referring you?_____ Assisted by WFUMC prior? Yes / No

Date of Birth: _____ Best Phone No. _____ Alt No. _____

Relationship Status: Single / Roommates/ Cohabitant /Common Law
Engaged/ Married / Separated / Divorced /Widowed

Spouse/Partner_____
(Last) (First) (Middle)

Address: _____ City _____ State _____ ZIP_____
(where you live now)

For how many years? _____

(List <u>everyone</u> living in your household)

Name	DOB	Sex	Income (Monthly from All Sources)
1.		Female	$
2.		Female	$
3.		Female	$
4.		Female	$
5.		Female	$
6.		Female	$

<u>All Sources of Income/Employment Information</u>

Wage: $_____ SS: $_____ SSI: $ _____ Disability: $_____ ADC: $_____

Food Stamps: $_____ VA Benefits: $_____ Child Support: $_____ Pension $_____

Other: $_____

(see other side)

Monthly Expenses

Food	$_____
Health/medical	$_____
Rent/Mortgage	$ _____
Transportation	$ _____
Gas	$ _____
Electric	$ _____
Credit Cards	$ _____
Loans	$ _____
Auto Insurance	$ _____
Medical/ & Dental Insurance	$ _____
Other	$ _____
Total	**$** $ 0.00

How may we be of service?
(number/rank in order of need)

☐ Electric ☐ Gas ☐ Water ☐ Rent
☐ Medical ☐ Food ☐ Clothing ☐ Furniture
☐ Other (explain) _____

_____

Do you have any services that are currently shut off?

No

For how long? _____

What will it take to restore them ?

_____

My (our) signature (s) indicates I (we) have requested assistance from WFUMC, the above information is correct, and I give my permission for WFUMC to verify, and to share my information with other entities that may be able to assist with our request.

Signature_____ Signature _____

Date _____ Date _____

_____Date _____
WFUMC Volunteer/Staff Signature

Comments: (office use)

_____

_____

_____

_____

Approved Service _____ **Amount:** (if applicable) **$** _____

Pay to: _____ **Referred** _____

_____

_____ **Date** _____
Pastor's Signature