## **Christians United Outreach Center**

**Application for Assistance** 

Committee Use Only:



Date of Application:

|   | N/                            |             |                          |                  |             | Case #           |       |       |   |
|---|-------------------------------|-------------|--------------------------|------------------|-------------|------------------|-------|-------|---|
|   |                               |             |                          | Pers             | on Responsi | ible for Case:   |       |       |   |
| Matthew 25:40                                   |                               |             |                          | Action Taken:    |             |                  |       |       |   |
|   |                               |             |                          |                  | Date C      | Case Entered:    |       |       |   |
|   |                               |             |                          |                  | Date Case   | Completed:       |       |       |   |
|   |                               |             |                          | Amou             |             | to this Case: \$ | \$    |       |   |
|   |                               |             |                          |                  |             | -                |       |       |   |
| Are You?  |                               | Race / Ethr | -                        |                  | Age:        |                  |       |       |   |
|   | Male                          |             | Black                    | Date o           | f Birth:    |                  |       | _     |   |
| Ц   | Female                        |             | Caucasian<br>Hispanic/La | atino            |             |                  |       |       |   |
|   | Veteran                       |             | Other                    | auno             |             | Homeless:        |       | Yes   |   |
|   | Spouse of Veter               |             |                          |                  |             |                  |       | No    |   |
|   | Marine                        |             |                          |                  |             |                  |       |       |   |
|   | Spouse of Marir               | ne          |                          |                  |             |                  |       |       | İ |
|   |                               |             |                          |                  |             |                  |       |       |   |
|   | Last Name                     |             |                          | First N          | ame         |                  |       |       |   |
|   |                               |             |                          |                  |             |                  |       |       |   |
|   |                               | Address     |                          |                  | С           | ity              | State | Zip   |   |
| Home Phone:                                     |                               |             | Alternate Phone:         |                  |             |                  |       |       |   |
| Cell Phone:                                     |                               |             | (Relationship)           |                  |             |                  |       |       |   |
| E-mail:   |                               |             | Referred By:             |                  |             |                  |       |       |   |
|   |                               |             | -                        | Referral Phone # | <i>t</i> :  |                  |       |       |   |
|   | or Request:<br>on of Request: |             |                          | Home Repair      | □ Heal      | th               |       | Other |   |
|   |                               |             |                          |                  |             |                  |       |       |   |
|   |                               |             |                          |                  |             |                  |       |       |   |
|   |                               |             |                          |                  |             |                  |       |       |   |
| Amount Applicant Can Contribute Toward Need: \$ |                               |             |                          |                  |             |                  |       |       |   |
| Other Co  | ntributions by the            | e Applicant | :                        |                  |             |                  |       |       |   |
|   |                               |             |                          |                  |             |                  |       |       |   |

| Date of     |                        |   |                          |                                    |
|-------------|------------------------|---|--------------------------|------------------------------------|
| Birth       | Sex: F / M             | Name                                    | ·                        | Relationship                       |
|             |                        | 12                                      |                          |                                    |
|             |                        | 3                                       |                          |                                    |
|             |                        | 4                                       |                          |                                    |
|             |                        | 5                                       |                          |                                    |
|             |                        | 6                                       |                          |                                    |
|             | _                      |   |                          |                                    |
| Household   | d Income: \$           |   |                          |                                    |
| Source of   | Income:                |   |                          |                                    |
| Household   | d Member(s) Receiving  | g Income:                               |                          |                                    |
|             |                        |   |                          |                                    |
| If home re  | pair, do you own you   | r own home?                             | □ Yes                    | □ No                               |
| Do you ha   | ive a house payment?   | ☐ Yes                                   | □ No                     |                                    |
|             |                        | If yes, what is the amo                 | unt? \$                  |                                    |
|             |                        |   |                          |                                    |
|             |                        | _                                       | ar and/or homeowners ins | urance, food over food stamps, and |
| rent if you | don't own your hom     | e \$                                    |                          |                                    |
| Is there ar | nv additional informat | ion you can tell us about this          | s request?               |                                    |
|             | ,                      | , | 4                        |                                    |
|             |                        |   |                          |                                    |
|             |                        |   |                          |                                    |
| -           |                        |   |                          |                                    |
|             |                        |   |                          |                                    |
|             |                        |   |                          |                                    |
|             |                        |   |                          |                                    |

If you have any estimates for repairs you are requesting, please include a copy.

Please Return To: CUOC/NHN PO Box 784 Asheboro NC 27204

Additional Household Members: