



REQUEST FOR ASSISTANCE
Please Return Form To Milledgeville Cares, Inc.
P. O. Box 754, Hardwick, GA 31034

Date: _____

A. Personal Information

Last Name, First Name, Middle Name or Initial

Street Address, City, State, Zip Code

Mailing Address (if different from above), City, State, Zip Code

Cell Phone Work Phone Emergency Phone and Name
List names, ages, sex, and relationships of those living in the home. (Please add a page if necessary).

B. Employment – Are you employed? (Circle one) Yes No

List name of employer and place of employment

Reason for Unemployment
Are you Currently seeking employment? (Circle one) Yes No

List Any Additional Sources of Income

C. Housing: (Circle one) Own/Purchasing Home Renting

Mortgage or Landlord contact information

D. Source of Transportation

E. Request – What exactly do you need? List all details of how this can be paid by us (account number, name, address of landlord, phone number, etc.) When is it due? Why did you get behind? List the dollar amounts of the bills you owe and whether they are overdue. Do you have a disconnect notice?

F. Description - Tell us the issues that led to your current need. If you need something else, please list, and tell us why you need that item.

G. How will this financial assistance or item/s support affect your family? What difference will it make to you and your family. (Please add a page if necessary).

H. Do you think you will need assistance again? What kind? When?

By signing below, you are giving permission to have the Milledgeville Cares personnel validate the information given above.

Print Name: _____

Signature: _____ **Date:** _____

For Milledgeville Cares use only: Request accepted Request Denied

Reason for denial _____

Signature _____ Date _____