

# Application for Assistance

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Applicant(s) Name(s) Please Print

Phone#

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Address

City

State

Zip

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Employer

Dates of Employment  
(less than 3 yrs complete below)

Contact Name and Phone

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Previous Employer

Dates of Employment

Contact Name and Phone

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Current Salary

Additional Household Income  
(alimony, child supp. Or separate maintenance not required)

Monthly Bills (Estimated Total)

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Repair(s) Required (attach separate sheet if needed)

To qualify for assistance I, to the best of my knowledge, meet the following criteria (**check all that apply**):

- I am currently employed.***
- I do not, at this time, have financial or physical means to perform the requested repairs***
- Requested repairs, if not performed, pose a threat to one or more of the following:***
  - The safety or health of myself/family
  - The status of my employment
  - The removal of my children from my care
- I am willing, upon approval/completion of my repair, to volunteer 1 day (8 hours) of my time, as well as to attend Good Neighbors practical financial training class.***

**Please include on a separate page:**

- 1. A brief explanation of your situation**
- 2. The names and phone #'s of 2 personal references**
- 3. A copy of valid photo ID**

I certify that, under penalty of perjury, the above information is, to the best of my knowledge, true.

X \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_ Date

Good Neighbors, Inc.  
P.O. Box 640  
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(606) 887-0082