Gahanna Community Congregational Church Assistance Application

Name	Phone Number		
Address			
Names, Ages of Others in Hous	ehold		
Type of Assistance Requested:	Rent/Utilities	Food	Clothing/Personal Items
	Transportation	Other	
Cause & Amount of Need			
Date of Application	Date A	ssistance N	leeded
	(eg. U	tilities shut c	off by, date of appointment, etc)
Contact Info for Receiving Pay	ment (eg. Landlo	ord, utility c	ompany, preferred gift card)
Other Agencies You've Conta	cted		
May we contact other agenci	es to partner with	to maximiz	ze assistance for you? Y / N
If not, why not?	•		ŕ
Current Income			Current Expenses
Food Stamps/Assist Family/Friend Help Pension/Retirement Other Income		Utilities Phone/Ir Food Childcar Other	sportation iternet e
What are other resources you l support we can help you work			
I attest that all information give I acknowledge that if any infor of assistance or make me inelig	mation is found to	o be incorr	e, and complete. ect, it may slow down my receipt
Signature			Date
You may share my situation with	th the church's pr	aver team	· Yes / No