

Application for Needy Families



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Applying For:

Which of the following things do you need assistance for? (Choose only ONE)

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Electric Bill |
| <input type="checkbox"/> Gas Bill | <input type="checkbox"/> Fuel for Travel |
| <input type="checkbox"/> Food | <input type="checkbox"/> Pampers Or Baby Milk |

How Did You Hear About Us?

Tell us how you heard about our service:

- Referred by a Friend
- Our Website
- Our Facebook Page
- Our Google Page
- Our Blog
- Craigslist

Describe Your Need

Summarize in a few words what you would need monetary help for and how it has affected your family's life.



Previous Employment

Summarize your previous or present employment.

--

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am chosen to receive monies for my need, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities to everyone who applies, therefore we give to the most important cases first and then we randomly pick out the person the monies will be issued to.

Please be advised that every applicant awarded will not be directly issued monies available but will instead have their bills paid by KG Style Designs. In the case of diapers, baby's milk, food and fuel – gift cards will be awarded.

Thank you for completing this application form and we hope to help you in your time of need.