



# ASSISTANCE FORM

PLEASE COMPLETE THE FOLLOWING FORM

Name:			
Address:			
Phone Number(s)			
Number dependents	County of residence	Have You applied before (if so how many times and when)	
Do you live in Merritt Township? Work full time in Merritt Township? (where) Belong to a nonprofit organization in Merritt Township? (which one)  Are you a member of a church in Merritt Township? (which one)			
What reason are you asking for assistance? Food Basket Yes or No (circle one) Monetary reason (checks go directly to the establishment) Please indicate what bill(s) you want paid and why. (Please submit a copy of the bill)			
Employers name, address & contact information (if not employed are you receiving any unearned income? Unemployment, disability insurance, SSI/SSA or RSDI). If so how much			
Spouse employers name, address & contact information, if spouse is not employed are they receiving any unearned income, if so how much?			
Signature		Date	Spouse's signature
			Date
Have you applied to any other agencies for help for this matter? (Dept Health and Human Services, Truenorth, Mid Michigan Community Action, Salvation Army, etc? What was the outcome?			

(You are only eligible for assistance 1 time per year; and no more than 3 consecutive years).

P.O. Box 119 ★Munger MI 48747 ★ 989-659-2190