

**Tyler Mountain/Cross Lanes Community Services**  
**APPLICATION FOR ASSISTANCE**

DATE \_\_\_\_\_ TELEPHONE \_\_\_\_\_ REFERRED BY \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_ How Long \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

SSI \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_ Disability \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_ HUD \$ \_\_\_\_\_

1. Employed Where \_\_\_\_\_ Full time \_\_\_\_\_ Part Time \_\_\_\_\_

Income gross \$ \_\_\_\_\_ net \$ \_\_\_\_\_

2. Employed Where \_\_\_\_\_ Full time \_\_\_\_\_ Part Time \_\_\_\_\_

Income gross \$ \_\_\_\_\_ net \$ \_\_\_\_\_

Do you have transportation? \_\_\_\_\_ Are you a veteran? \_\_\_\_\_

**Family Information**

(Include all in household)

Family Members	Birth Date	Relationship	Soc. Sec. Number	Grade Level
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Have you been here before? \_\_\_\_\_ Did you receive a Christmas Basket? \_\_\_\_\_

**EXPENSES**

Rent \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Water/Sewer \$ \_\_\_\_\_ Telephone \$ \_\_\_\_\_

Medical Bills \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Do you belong to a union? (yes) (no) Local & Number \_\_\_\_\_

**REMARKS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE SIGN ON BACK**

## Release of Information

I \_\_\_\_\_, authorize Tyler Mountain/Cross Lanes Community Services and it's staff to release any and all information that Tyler Mountain/Cross Lanes Community may possess regarding myself and my family. Further, I authorize and direct Tyler Mountain/Cross Lanes Community Services to obtain, through a request, any information pertinent to the processing of my case or anything required in the approval or denial of help requested. I certify that all information provided by me or any information that possesses my signature, to be true and correct. If any information is found to be false or incorrect, I may forfeit any further consideration of assistance upon my behalf at this time or in the future. I further understand that Tyler Mountain/Cross Lanes Community Services will not be held liable in any way as a result of releasing any records regarding myself or family. Further, I understand I am waiving my right to privacy by signing this release.

Name \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_