

Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

How often are you paid: \_\_\_\_\_  
 Phone Number of Employer: \_\_\_\_\_

How long at this place of employment: \_\_\_\_\_

Current Monthly Income	
Supplemental SSI:	
Disability:	
Social Security:	
Public Assistance:	
Child Support:	
Veteran Benefits:	
Employment:	
Unemployment:	
Pension/Annuities:	
Other Income:	
Food Stamps:	
TANF:	
<b>Total Income:</b>	

Monthly Expenses	
Rent/Mortgage:	
Telephone:	
Cell Phone:	
Gas:	
Electric:	
Water:	
Credit Cards:	
Recreation:	
Home Insurance:	
Medical Insurance:	
Auto Insurance:	
Automobile Pymt:	
Automobile Gas:	
Charity:	
Groceries:	
<b>Total Expenses:</b>	

Landlord Name: \_\_\_\_\_  
 Phone Number of Landlord: \_\_\_\_\_

### ACKNOWLEDGEMENT

I declare that all of my statements on this application for assistance are true and complete. I authorize The Bridge of Compassion to verify information through any means, including various charity organizations, consumer reporting agencies, rental housing owners, and/or other parties that are pertinent to my acquiring funds for assistance. As I acknowledge that funds I'm receiving currently is of faith based organizations; stewardship by The Bridge of Compassion is very important. If I fail to answer any question or give false information I make myself liable to consequences of disqualification of funds and/or consequences in the legal system as providing false information is a serious criminal offense.

I also agree that my records may be kept in a client tracking program, thereby, true and honest reports can be provided for consideration of additional assistance through other organizations. Only upon my signature may The Bridge of Compassion process my application for assistance and/or forward my reports for any other additional assistance that will and can address my needs.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_