

The City of Church Hill Community Chest, Inc.
P.O. Box 366, Church Hill, TN 37642 Ph: 423-357-2555

Official Use Only	
Case # _____	Date _____

*Notes: To apply you must live within the city limits. This application must be completed in full to be considered. Use additional sheets of paper if necessary.

1. Applicant's Name _____ Phone _____
Street Address _____ Date of Birth _____
Mailing Address (if different) _____

2. List all persons living in household including yourself.

Name	Age	Relation to Applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Employment: List all members of your household who are currently employed by name with their employer. If any adult members of your household are not employed, explain why.

4. Do you own or rent your dwelling? _____

If renting, give landlord's name, address and phone: _____

5. Fixed Monthly Expenses: (amounts needed)

Housing _____ Electricity _____ Water _____

Other _____

6. Income. List your total household income from all sources:

	Amount
Total Employment Income (from all members of your household)	\$ _____
AFDC (Aid to Families with Dependent Children)	\$ _____
Social Security and/or SSI	\$ _____
Child Support	\$ _____
Food Stamps	\$ _____
All other income (including gifts and unearned income)	\$ _____

7. Have you ever applied for assistance from us or any other agency? (If yes, please explain) _____

(Complete and sign page 2)

8. Who referred you to the Community Chest? (Name, Address, Phone)

9. List the type of assistance desired with account numbers and the amounts needed. Also explain in detail why you need assistance at this time (ie. why is your family unable to meet its regular budgetary needs this month? Was someone in your household recently laid off from work, declared disabled or seriously injured. Have you had an unpredictable catastrophic family event such as a house fire or death of the sole wage earner in your household. If so, provide the dates of their being laid off, disability, death, etc.)

I understand the questions on this application, and I authorize agency representatives to verify this information with any agency or individual as needed. I give my permission for the Department of Human Services or other county agencies to release information to the Community Chest of Church Hill, Inc., regarding my application for assistance. I understand that if I withhold, hide, or give false information, I could be prosecuted for fraud. My answers are correct and complete to the best of my knowledge.

Signature _____ Date _____

***Processing of this application may take up to 7 (seven) days!**

All approvals are dependent upon availability of funds and the needs assesment of each application.