



## 2025 APPLICATION FOR ASSISTANCE

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ Would you like to join our E-Media email list? Yes / No

Email Address: \_\_\_\_\_

What is your immediate need for today? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Are you a member of WSBC? Yes / No \_\_\_\_\_

Do you have a church home? YES / NO If yes where? \_\_\_\_\_

## APPLICANT INFORMATION

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS#: \_\_\_\_\_ Marital Status: S / M / D / Sep

Driver's License#: Best Contact Number:

List ALL household members:

***False OR missing information is grounds for denial of assistance***

**Applicant's Income:**

Employer: \_\_\_\_\_ Full time / Part time

Gross Wages: \$ \_\_\_\_\_ Weekly / Bi-weekly / Monthly

Unemployment: \$ \_\_\_\_\_ SSA: \$ \_\_\_\_\_ SSI: \$ \_\_\_\_\_ SSDI: \$ \_\_\_\_\_

Workman Comp: \$ \_\_\_\_\_ KTAP: \$ \_\_\_\_\_ SNAP: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

**Spouse or Significant Other's Income:**

Employer: \_\_\_\_\_ Full time / Part time

Gross Wages: \$ \_\_\_\_\_ Weekly / Bi-weekly / Monthly

Unemployment: \$ \_\_\_\_\_ SSA: \$ \_\_\_\_\_ SSI: \$ \_\_\_\_\_ SSDI: \$ \_\_\_\_\_

Workman Comp: \$ \_\_\_\_\_ KTAP: \$ \_\_\_\_\_ SNAP: \$ \_\_\_\_\_