

**GROWING GROUNDS (GG) - COMMUNITY ASSISTANCE PROGRAM  
EMERGENCY ASSISTANCE APPLICATION**

Date: \_\_\_\_\_

Applicant Last Name: \_\_\_\_\_

Applicant First Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

Do You (Circle One)      RENT      OWN      HOMELESS      OTHER \_\_\_\_\_

How long have you lived at the present address: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ (if any)

LIST ALL ADULTS (18 and older) LIVING AT THE ABOVE ADDRESS (including self)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship: SELF

Employed (circle one): Yes No

Place employed: \_\_\_\_\_ How long \_\_\_\_\_

Hours per/week: \_\_\_\_\_ Wages per week: \$ \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Employed (circle one): Yes No

Place employed: \_\_\_\_\_ How long \_\_\_\_\_

Hours per/week: \_\_\_\_\_ Wages per week: \$ \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Employed (circle one): Yes No

Place employed: \_\_\_\_\_ How long \_\_\_\_\_

Hours per/week: \_\_\_\_\_ Wages per week: \$ \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Employed (circle one): Yes No

Place employed: \_\_\_\_\_ How long \_\_\_\_\_

Hours per/week: \_\_\_\_\_ Wages per week: \$ \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Employed (circle one): Yes No

Place employed: \_\_\_\_\_ How long \_\_\_\_\_

Hours per/week: \_\_\_\_\_ Wages per week: \$ \_\_\_\_\_

LIST ALL CHILDREN UNDER 18 LIVING AT THE ABOVE ADDRESS

Last Name	First Name	Relationship	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Which of these ID's do you have? Birth Certificate \_\_\_\_\_ SS Card \_\_\_\_\_ Driver's License \_\_\_\_\_

What specifically do you need help with today/describe the specific problem as to why you need help paying your bills today?  
\_\_\_\_\_

What is the highest level of education completed: \_\_\_\_\_ (ex. High school, GED, trade school, etc.)

What additional training/skills do you possess: \_\_\_\_\_

List any previous employment in the last 12 months, please include why you left, if it applies: \_\_\_\_\_

<u>OTHER INCOME</u>			<u>LIST EXPENSES</u>	
Please list all other sources of income			List ALL MONTHLY bills/expenses	
	Amount	Who Receives	Rent/Mortgage:	\$ _____
Child Support	\$ _____	_____	Electricity:	\$ _____
TANF/AFDC	\$ _____	_____	Heat/Gas:	\$ _____
Food Stamps	\$ _____	_____	TV:	\$ _____
Social Security	\$ _____	_____	Water/Sewage:	\$ _____
Disability	\$ _____	_____	Auto Payment:	\$ _____
Other	\$ _____	_____	Medical:	\$ _____
Other	\$ _____	_____	Auto Insurance:	\$ _____
All Income from Page 1 _____			Phone:	\$ _____
Total Monthly Household Income _____			Credit Cards:	\$ _____
			Back Due:	\$ _____
			Court	\$ _____
			Groceries:	\$ _____
			Gasoline:	\$ _____
			Other:	\$ _____
			Total Monthly Household Expense	_____

What other assistance have you received within the past 12 months? (please be as specific as possible)

Do you have medical insurance? Y N If Yes, what kind \_\_\_\_\_

Date you saw your township trustee? \_\_\_\_\_ Did you receive help? Y N with what? \_\_\_\_\_

Date you saw Area 5 Energy Assistance? \_\_\_\_\_ Did you receive help? Y N with what? \_\_\_\_\_

Date you saw REACH (N Manchester clients)? \_\_\_\_\_ Did you receive help? Y N with what? \_\_\_\_\_

Date you saw Wabash Area Ministerial Association \_\_\_\_\_ Did you receive help? Y N with what? \_\_\_\_\_

Date you saw Growing Grounds/Wabash Church of the Brethren \_\_\_\_\_ Did you receive help? Y N with what? \_\_\_\_\_

Date you saw Advantage Housing \_\_\_\_\_ Did you receive help? Y N with what? \_\_\_\_\_

**Please Read and Sign**

By signing the application I state that the above information is correct. I understand that the Community Assistance Program is not a guarantee, and I may not qualify for help. I understand that Growing Grounds may, or may not be able to help, but I must

do my part by following all instructions, rules and regulations, and that failure to follow all rules and regulations may disqualify me for assistance, and stop me from receiving assistance through Growing Grounds for one (1) year.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Right to Contact Information - Please Read and Sign**

I give the Growing Grounds permission to contact and obtain assistance information from the following organizations: Wabash County Township Trustees, Area 5 Energy Assistance Program, Wabash County Division of Family Resources & Department of Child Services, Fellowship of Churches, REACH Program, Dallas Winchester Senior Center, Community Foundation of Wabash County, American Red Cross, United Fund of Wabash County, Emergency Food and Shelter Programs, Advantage Housing, churches.

\_\_\_\_\_  
(Please list any other organization that you wish for us to contact to obtain or give information about your assistance) I understand all information obtained or shared will be used in the determination of assistance with the Growing Grounds Assistance Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Growing Grounds

Welcome to Growing Grounds. We are here to help families by providing emergency assistance with utility bills, rent, gas vouchers, and other assistance.

\*\*\*Please keep in mind, Growing Grounds is for emergencies only, and your application may be denied if you do not fall into the eligibility guidelines, or if funding is not available at this time for your assistance.

Please complete the attached application, along with

- o Copy of bill you need assistance with

**YOU WILL BE CONTACTED BY PHONE OR MAIL BY US WITHIN 5 BUSINESS DAYS  
IF WE ARE ABLE/UNABLE TO ASSIST YOU.**

**For Office Use only:**

Emailed to group date: \_\_\_\_\_

Decision: \_\_\_\_\_

If no, reason: \_\_\_\_\_

If yes, who is providing assistance: \_\_\_\_\_

If yes, date of completion: \_\_\_\_\_