

# Arlington Urban Ministries

701 Dugan St. Arlington TX 76010

Phone: 817-861-8585

Application for Emergency Financial Assistance

**Please Fill In COMPLETELY**

Date \_\_\_\_\_

As shown on I.D.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-Mail \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_ Are you homeless?  Yes  No

Gender:  Male  Female Race:  Caucasian  African American  Hispanic  Other \_\_\_\_\_

Last 4 Digits of your Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Single  Widowed

Your Medical Insurance  Employer provided  Private Policy  Medicare  VA  None

Highest Education Completed  Middle School  High School or GED  Some College  College Degree

**Please list Spouse and Other household members 18 and over**

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Spouse: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female Race:  Caucasian  African American  Hispanic  Other \_\_\_\_\_

Last 4 Digits of Spouse Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Medical Insurance  Employer provided  Private Policy  Medicare  VA  None

Highest Education Completed  Middle School  High School or GED  Some College  College Degree

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Other Adult First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female Race:  Caucasian  African American  Hispanic  Other \_\_\_\_\_

Last 4 Digits of other adult Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Adult Medical Insurance  Employer provided  Private Policy  Medicare  VA  None

Highest Education Completed  Middle School  High School or GED  Some College  College Degree

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**OTHER People Currently Residing in Your Household**

	Name		Relationship (Son, niece, etc.)	Gender (M/F)	Date of Birth	Last 4 Digits of SSN	Kind of Medical Insurance
	FIRST NAME	LAST NAME					
1.							
2.							
3.							
4.							

**(CONTINUE APPLICATION ON BACK)**

**OFFICE USE ONLY**

Date: \_\_\_\_\_ Application completed

Date: \_\_\_\_\_ All documents in Seeladora  
(client bill, ID, consent)

Date: \_\_\_\_\_ Financial Services Agreement  
given to client (only applies if client has a part to  
pay)

Date: \_\_\_\_\_ Check request completed

Case Manager \_\_\_\_\_

**HOUSEHOLD EMPLOYMENT INFORMATION**

Are **YOU** Employed? Yes  No  Employer's Name: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

Employer's Address \_\_\_\_\_

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**SPOUSE / OTHER ADULT** Employer: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

Employer's Address \_\_\_\_\_

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**SOURCES OF INCOME AND AMOUNTS FOR ALL HOUSEHOLD MEMBERS:**

**Unemployment Income** ..... \$ \_\_\_\_\_

**Child Support (Received)**.... \$ \_\_\_\_\_

**Military Retirement** ..... \$ \_\_\_\_\_

**TANF**..... \$ \_\_\_\_\_

**Pension** ..... \$ \_\_\_\_\_

**SSI Disability** .....\$ \_\_\_\_\_

**Social Security** .....\$ \_\_\_\_\_

**Section 8 Housing Assistance** .....\$ \_\_\_\_\_  
(Amount Housing pays: rent + utility allowance)

**Food Stamps/SNAP** .....\$ \_\_\_\_\_

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**MONTHLY EXPENSES**

**Rent (Before Section 8)**..... \$ \_\_\_\_\_

**Utilities** ..... \$ \_\_\_\_\_

**Electric** ..... \$ \_\_\_\_\_

**Water** ..... \$ \_\_\_\_\_

**Gas** ..... \$ \_\_\_\_\_

**Car Payment**.....\$ \_\_\_\_\_

**Car Insurance**.....\$ \_\_\_\_\_

**Medical Insurance**.....\$ \_\_\_\_\_

**Child Support (Paid)**.....\$ \_\_\_\_\_

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**HOUSING INFORMATION:**

How long have you lived at your current address: \_\_\_\_\_

Apartment/Landlord or Lender Name: \_\_\_\_\_

Landlord's Mailing Address: \_\_\_\_\_

Phone # of Landlord: \_\_\_\_\_

What bill do you require assistance paying? \_\_\_\_\_

Who is your Utility Provider? \_\_\_\_\_

What crisis or situation caused you to be unable to pay your bills? \_\_\_\_\_

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