Sheriff's Foundation

Assistance Application

1. Applicant's name: _____

2. Name of Parent (if applicant is a child): _____

3. Address: _____

_____

City: _____ State: _____ Zip Code:_____

4. Social Security Number: _____-_____-_____

5. Date of Birth: _____

6. Driver's License Number: _____

7. Home Phone Number: _____ 8. Emergency Ph. Number: _____

9. Email Address: _____

10. Do you work (yes/no): _____

11. If no, would you like to work? (Yes/no): _____

12. If applicant does not work, please check all that apply:
☐ Disabled ☐ Retired ☐ Lost Job

Other: _____

13. How long have you been a Pickens County Resident? _____

14. Insurance: Please check each type of every insurance coverage you currently have.
☐ Medicare ☐ Medicaid ☐ VA ☐ Peachcare Other:

15. Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widow(er)

16. Names of persons living at the same address as you. **(Please include proof of residency)**

Name/Relationship *Name/Relationship*

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

7) 8) _____

17. State reason(s) why you need assistance: _____

18. List monthly income received by you and all persons living at your address. **(Please include proof of monthly income).** If person works list Employer and Monthly Salary. List all Benefits received by each person in the household: Supplemental Security Income (SSI), Social Security Disability (SSDI), Social Security, Food Stamps, Welfare, Veteran's Benefits (VA), Pension, Retirement Benefits, Child Support, or Other Income.

Name **Source of Monthly Income** **Amount ($) of Monthly Income**

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

19. List monthly expenses:

a) Rent or Mortgage:$_____ b) Gas(home): $_____ c)Power: $_____

d) Water/Sewage: $_____ e) Food:$_____ f) Medicine:$_____

g) Phone:$_____ h) Auto Payment: $_____ i) Credit Cards: $_____

j) Insurance (Life, Health,Car): $ _____ l) Other expenses:$ _____

20. Have you received assistance from any other organization within the last 12 months? _____

21. If yes, state circumstances/date/amount: _____

Applicant Must Read and Sign This Statement:

I fully understand services are limited to Pickens County residents unable to pay or receive from other sources this assistance. I also understand my application is being reviewed by the Community Assistance Board of Directors and give permission for them to obtain information needed to provide this assistance.

ALL INFORMATION ON AND ATTACHED TO THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOLEDGE.

_____ _____

Signature of Applicant (or parent if applicant is child) Date