

Bartlett Family Assistance Commission

Assistance Application

Are you a legal resident of the city of Bartlett, TN.? YES NO

APPLICANT INFORMATION. PLEASE PRINT CLEARLY.

Name (First, Middle Initial, Last)				
Residence Address (Number, Street, Route, Apt. No.)		City	State	Zip code
			TN	
Email Address	Residence Status	How Long? (Years / Months)		
	RENT <input type="checkbox"/> OWN <input type="checkbox"/>			
Mailing Address (If different from above)		City	State	Zip code
Primary Phone Number	Secondary Phone Number	Mobile Phone Number		
()	()	()		
Place of Employment		City	State	
Employment Status		If Unemployed, How Long?		
<input type="checkbox"/> Full Time (40 hours + per week) <input type="checkbox"/> Part Time (Less than 40 hours per week) <input type="checkbox"/> Unemployed				
		Are You Currently Seeking Employment?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Currently Unemployed And Not Seeking Employment, Briefly Explain Why?				
Spouse's Name (First, Middle, Last)			Primary Phone Number	
			()	
Spouse's Address (If different from above)		City	State	Zip code
Spouse's Place of Employment		City	State	
Spouse's Employment Status		If Unemployed, How Long?		
<input type="checkbox"/> Full Time (40 hours + per week) <input type="checkbox"/> Part Time (Less than 40 hours per week) <input type="checkbox"/> Unemployed				
		Are You Currently Seeking Employment?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Spouse is Currently Unemployed And Not Seeking Employment, Briefly Explain Why?				

List "All" Monthly Household Income Before Taxes		Other Assistance You Have Received	
Monthly Salary (Combined)	\$ _____	Faith-based Group	\$ _____
Child Support/Alimony	\$ _____	Family Members	\$ _____
Self Employment Income	\$ _____	State Assistance	\$ _____
Veteran's Pension/Benefits	\$ _____	Utilities	\$ _____
Disability Income	\$ _____	Non-Profit Aid	\$ _____
State of Tennessee Assistance	\$ _____	Housing	\$ _____
Food Assistance	\$ _____	Military Relief	\$ _____
Social Security	\$ _____	Business Donations	\$ _____
Rental Income	\$ _____	Gift/Purchase Cards	\$ _____
Unemployment Compensation	\$ _____	Veteran's Admin.	\$ _____
Grants/Scholarships	\$ _____	Child Care	\$ _____
Workman's Compensation	\$ _____	Worker Assistance	\$ _____
Investment Income	\$ _____	Medical	\$ _____
Any Other Income Not Listed	\$ _____	Any Other Not Listed	\$ _____
Total Household Income:	\$ _____	Total:	\$ _____

List All Dependents That You Support Financially:

Name:	Age:	Relationship
		<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other
Name:	Age:	Relationship
		<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other
Name:	Age:	Relationship
		<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other
Name:	Age:	Relationship
		<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other
Name:	Age:	Relationship
		<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other
Name:	Age:	Relationship
		<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other
Name:	Age:	Relationship
		<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other

For Any Legal Dependent(s) Who's Relationship Is Defined As Other, Briefly Explain Why?

If Any Legal Dependent(s) Age 16 or Older and Not Employed or Not Seeking Employment, Briefly Explain Why?

List "All" Household Debt		Credit Card Debt	
Mortgage	\$	Credit Card Company:	
2nd Mortgage	\$	Balance	\$
Rent	\$	Monthly Balance	\$
MLGW (Current Balance)	\$	Amount Past Due	\$
Bartlett Water (Current Balance)	\$	Credit Card Company:	
Chapter 7 or 13 Bankruptcy	\$	Balance	\$
Telephone	\$	Monthly Balance	\$
Mobile Phones	\$	Amount Past Due	\$
Cable/Satellite TV	\$	Credit Card Company:	
Internet	\$	Balance	\$
Medical/Dental Insurance	\$	Monthly Balance	\$
Homeowner/Renter Insurance	\$	Amount Past Due	\$
Monthly Vehicle Insurance	\$		
Total Household Debt:	\$	Total:	\$
List Your Vehicle Expenses			
Vehicle 1 Year / Model:	Monthly Payment:	Months Remaining:	Amount Past Due:
	\$		\$
Vehicle 2 Year / Model:	Monthly Payment:	Months Remaining:	Amount Past Due:
	\$		\$
Total Amount Past Due:			\$
List All Other Debt Not Included Above			
Other Debt 1:	Monthly Payment:	Payments Remaining:	Amount Past Due:
	\$		\$
Other Debt 2:	Monthly Payment:	Payments Remaining:	Amount Past Due:
	\$		\$
Other Debt 3:	Monthly Payment:	Payments Remaining:	Amount Past Due:
	\$		\$
Other Debt 4:	Monthly Payment:	Payments Remaining:	Amount Past Due:
	\$		\$
Other Debt 5:	Monthly Payment:	Payments Remaining:	Amount Past Due:
	\$		\$
Total Amount Past Due:			\$
List Other Assets (Not Listed Previously)			
<i>Examples : Cash on Hand, Real Estate, Stocks, Bonds, Mutual Funds, Trust Funds, Insurance, 401K, IRA, etc.</i>			

Additional Asset Information

Has any person sold or given away property, land, vehicles, stocks, bonds, savings, cash, checking, income, etc., closed any accounts or removed or added a name on any asset with the last 36 months?

Yes No If yes, Who?

Do you, or does any person living with you, have a pending lawsuit or divorce settlement which may bring him/her money, property, etc.?

Yes No If yes, Who?

Have you, or has anyone who lives with you, received a one-time cash payment, such as lottery winnings, insurance settlement, lawsuit award, within the last 36 months?

Yes No If yes, Who?

Have you, or has anyone who lives with you, or has anyone acting for any household member, ever put money, lawsuit settlement, income or other assets in a trust, annuity or similar legal device?

Yes No If yes, Who?

Other Information

Do you require assistance for food? Yes No
 Does anyone in your household have any special needs requiring assistance? Yes No
 Do you have other local family members who can assist you? Yes No
 Do you desire to receive financial counseling? Yes No

WHY YOU ARE SEEKING ASSISTANCE? PLEASE EXPLAIN.

WHAT TYPE AND AMOUNT OF ASSISTANCE ARE YOU SPECIFICALLY REQUESTING?

HOW DID YOU LEARN ABOUT THE BARTLETT FAMILY ASSISTANCE COMMISSION?

AFFIDAVIT

I certify that all information that I have written on this form or told to any agent or representative acting on behalf of the Bartlett Family Assistant Commission is true and complete to the best of my knowledge. I further agree that the above information may be confirmed by the Bartlett Family Assistance Commission or its agents by direct contact with any of the persons, organizations, or companies listed above for the purpose of making a decision on this application.

IMPORTANT: YOU MUST SIGN AND DATE THIS APPLICATION AND MUST INCLUDE SUPPORTING DOCUMENTATION FOR THE FOLLOWING:

Proof of income for everyone in the household (W-2 Statements, Tax Returns, Form 1099, Social Security, Unemployment, Employer Check Statements), Rental Agreements, Utility Bills, Bankruptcy, Letters from Employer.

Applicant Signature	Date

Applicant is authorized to represent all persons requesting assistance? Yes No