

Gather Application for Assistance

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Address _____ **Phone:** _____

City _____ **State** _____
Zip _____

Date of Birth: _____ **No. of Dependents:** _____

Head of Household: Yes: _____ No: _____ **Email address:** _____

Work Phone: _____ **Cell or Msg Phone:** _____

Employer: _____ **Disability:** Yes: _____ No: _____ **Veteran:** Yes: _____ No: _____

Applicant Household Members - List ALL people living at this address.

Name: _____ **Relationship:** _____ **DOB:** _____
—
Disability: Yes: _____ No: _____ **Veteran:** yes: No: _____ **Employed:** Yes: _____
No: _____

Name: _____ **Relationship:** _____ **DOB:** _____
—
Disability: Yes: _____ No: _____ **Veteran:** Yes: No: _____ **Employed:** Yes: _____
No: _____

Name: _____ **Relationship:** _____ **DOB:** _____
—
Disability: Yes: _____ No: _____ **Veteran:** Yes: No: _____ **Employed:** Yes: _____
No: _____

Name: _____ **Relationship:** _____ **DOB:** _____
—
Disability: Yes: _____ No: _____ **Veteran:** Yes: No: _____ **Employed:** Yes: _____
No: _____

Name: _____ **Relationship:** _____ **DOB:** _____

Disability: Yes: _____ No: _____	Veteran: Yes: No: _____	Employed: Yes: _____
No: _____		
Name: _____	Relationship: _____	DOB: _____
Disability: Yes: _____ No: _____	Veteran: Yes: No: _____	Employed: Yes: _____
No: _____		

By signing this application I:

1. Certify that the information I have provided is true and complete to the best of my knowledge and provides an accurate summary of my situation. **Please initial here:** _____
2. Understand that statistical information on this application which is confidential as to specific identities will not be shared with other agencies but may be used as needed to request funding in grants or as part of an audit or application. **Please initial here:**
