



People to People Ministries -- Financial Intake Form/Privacy Release Form

In order to get **financial** or **program assistance**, you must provide **personal ID**, **proof of Wayne County residency** for the past 90 days, **proof of income** for past 30 days and **Social Security cards** for **EVERYONE** in the household.

HEAD OF HOUSEHOLD _____ DOB: _____
LAST NAME FIRST NAME

ADDRESS _____ CITY/ZIP _____

PHONE NUMBER _____ *****WE MUST have a valid phone number ***** CHILD'S GRADE _____

- | | | | | | |
|----|---|------------|-----------|-----------|--|
| 1) | NAME _____
<small>LAST NAME FIRST NAME</small> | DOB: _____ | AGE _____ | M/F _____ | |
| 2) | NAME _____
<small>LAST NAME FIRST NAME</small> | DOB: _____ | AGE _____ | M/F _____ | |
| 3) | NAME _____
<small>LAST NAME FIRST NAME</small> | DOB: _____ | AGE _____ | M/F _____ | |
| 4) | NAME _____
<small>LAST NAME FIRST NAME</small> | DOB: _____ | AGE _____ | M/F _____ | |
| 5) | NAME _____
<small>LAST NAME FIRST NAME</small> | DOB: _____ | AGE _____ | M/F _____ | |
| 6) | NAME _____
<small>LAST NAME FIRST NAME</small> | DOB: _____ | AGE _____ | M/F _____ | |
| 7) | NAME _____
<small>LAST NAME FIRST NAME</small> | DOB: _____ | AGE _____ | M/F _____ | |
| 8) | NAME _____
<small>LAST NAME FIRST NAME</small> | DOB: _____ | AGE _____ | M/F _____ | |

MONTHLY BILLS

Rent/Mortgage \$ _____	Utilities \$ _____
Name of Landlord _____	
Cable/Internet \$ _____	Phone \$ _____
Insurance \$ _____	Loan \$ _____
Medical bills/Prescriptions \$ _____	
Groceries/personal products \$ _____	
Car payment/Gas/Insurance \$ _____	
TOTAL EXPENSES \$ _____	

MONTHLY INCOME

Monthly Income \$ _____	Food Stamps \$ _____
Unemployment \$ _____	Alimony \$ _____
Social Security \$ _____	SSI/SSDI \$ _____
Workers Comp \$ _____	SSA \$ _____ <small>(NOT your SS#)</small>
VA or Pension \$ _____	
Child Support \$ _____	
TOTAL INCOME \$ _____	

FOR OFFICE USE ONLY ***** DO NOT WRITE IN THIS BOX ***** <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> PHOTO <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> 30 DAYS POI <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> 90 DAYS POR <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> SOCIAL SECURITY CARDS </div>
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CLIENT SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____ DATE _____

I give my permission to People To People Ministries, Inc., to release or exchange my information with any other government/social service agency, business, or pertinent party in order to address our needs, and/or prevent duplication of services. I also realize that services may be denied if I do not provide necessary documentation.