

## Greater Salem Area Foundation Application for Financial Assistance

**HOUSEHOLD INFORMATION:**

Adult Full Name: _____		Maiden/Former Name: _____	
Date of Birth: _____	Driver's License/State ID Number: _____	Veteran: <input type="checkbox"/> yes <input type="checkbox"/> no	
Adult Full Name: _____		Maiden/Former Name: _____	
Date of Birth: _____	Driver's License/State ID Number: _____	Veteran: <input type="checkbox"/> yes <input type="checkbox"/> no	
Address: _____		City: _____	
How long have you been at this residence: _____		Rent/Own: _____	
Phone Number: _____		Email: _____	

**OTHERS IN HOUSEHOLD:**

Name	Date of Birth	Relationship

**INCOME DATA:** *verification of employment may be requested*

List Source of Income	Amount
Place of Employment:	
Place of Employment:	
SS or SSI:	
Food Assistance:	
Other (explain):	
Other (explain):	

**MONTHLY EXPENSES: PROVIDE COPIES OF ANY BILLS YOU ARE SEEKING ASSISTANCE**

Rent or Mortgage:	Water:	Electricity:
Gas:	Child Support:	Phone:
Other:	Other:	Other:

*By signing, the applicant authorizes the Greater Salem Area Foundation to share information with other agencies to find the best and most help for their needs. Further, the applicant understand a background check may be completed.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ASSISTANCE REQUESTED:**

Please check assistance requested:

- Gas       Electric       Rent/Mortgage       Medication       Medical/Dental       Other

Explanation of Need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check assistance requested:

- Gas       Electric       Rent/Mortgage       Medication       Medical/Dental       Other

Explanation of Need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check assistance requested:

- Gas       Electric       Rent/Mortgage       Medication       Medical/Dental       Other

Explanation of Need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will you meet your obligations next month: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Completed Application and Copies of Bills may be dropped off:  
Salem City Hall · Salem Chamber of Commerce · Grace United Methodist Church  
Or mail to: Greater Salem Area Foundation · P.O. Box 1314, Salem, IL 62881  
More information: call or text 618.813.3432**

For office use only:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Assistance Provided: \_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_