

All Applicants please provide the following:

1. Copy of Social Security Card [ ]
2. Copy of Driver's License [ ]
3. Income Verification - Latest check stub or AFDC (Certification of Amount Received) or Certification of unemployment received. [ ]
4. Copy of bill requiring assistance (Utility Bill & Rent/Mortgage or Landlord Statement or Payment coupon. [ ]
5. Copy of Reason Assistance Required - (Example: Medical Emergency or Medical Bill) any correspondence that supports your request for assistance. [ ]

*Incomplete data will delay processing. Please check off items that you will be providing above.*

**Disclaimers:** Written consent limitations may be placed on referrals and/or services you may be eligible to receive. You may withdraw this agreement/consent at any time in writing, except to the extent that action has already been executed. Your information will also be placed in a database that services other agencies.

I agree to participate in counseling sessions to help improve my financial housing, employment, or other circumstance of need. I understand staff counselors may be necessary for the counselor to discuss your information with representatives of other organizations or agencies, as it is necessary to seek a solution to my problem.

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Required documents can be emailed to: [crisiscenter@pilgrimrestdallas.org](mailto:crisiscenter@pilgrimrestdallas.org). Please make sure email references your completed form) If email is unavailable, you may drop the forms off at the church or the crisis center during operating hours.