APPLICATION FOR ASSISTANCE

Requests for food assistance must be made through 211.

Please provide a copy of the following:

- *Driver's License/State ID*
- *Copy of your bill/invoice/statement for which you are seeking assistance, including the address where the payment should be made.* ***Requests for rental assistance must include a statement from the landlord stating what is owed.***

Allow a minimum of 24 hours to approve the request.
Please ensure that you have a working phone number where you may be reached.
****Typically, a maximum amount of $50 in assistance will be given.***

Applicant's Name: _____

Phone Number: _____ Date of Birth: _____

Mailing Address: _____

Bay City Resident? _____ Date Assistance is Needed By:_____

Driver's License #: _____ (Please include a copy)

*Amount Requested: $_____ Is this your first time requesting assistance from us? _____

Type of Assistance Requested, Reason for Request: (Please be specific)

_____

_____

_____

What other agencies have you contacted, and what assistance did you receive from them?

_____

_____

Release of Information

I authorize Grace Church to release information regarding this application to other assistance providers in Bay County.

Signature: _____ Date: _____

FOR OFFICE USE ONLY—ASSISTANCE DETERMINATION

☐ Request Approved Type of assistance: _____

☐ Request Denied

Authorized by: _____ Date: _____