

Hospitality House

Client Application Form

Client ID#

C

Information requested will be used to assist us in providing you with service and referrals to other agencies. This information will be kept confidential. Data compiled from this information may be used to assist us in securing grants and other financial support.

PLEASE LIST THE ADULTS (AGE 18+) IN THE HOME, STARTING WITH YOU, THE ACCOUNT HOLDER. CHILDREN WILL BE LISTED SEPERATELY, IF YOU HAVE MORE THAN 2 ADULTS, PLEASE ASK FOR AN "ADDITIONAL HOUSEHOLD MEMBERS" FORM.

ADULT#1

First Name Middle Initial Last Name Date of Birth

Street Address/Apt. # City Zip Code

Primary Phone# Alternate Phone # Emergency Contact & Phone #

Circle One: Married Single Divorced Widowed Separated

Circle One: African American American Indian Arabic Asian Caucasian/White
 Hispanic Multi-racial Chaldean Other

Male Female Employed? Y/N Employer: _____ Monthly Earnings: \$ _____

Pension: \$ _____ Unemployment: \$ _____ Short-term Disability: \$ _____

SS: \$ _____ SS Disability: \$ _____ VA Benefits: \$ _____

ADULT#2

First Name Middle Initial Last Name Date of Birth

Street Address/Apt. # City Zip Code

Primary Phone# Alternate Phone # Emergency Contact & Phone #

Circle One: African American American Indian Arabic Asian Caucasian/White
 Hispanic Multi-racial Chaldean Other

Male Female Employed? Y/N Employer: _____ Monthly Earnings: \$ _____

Pension: \$ _____ Unemployment: \$ _____ Short-term Disability: \$ _____

SS: \$ _____ SS Disability: \$ _____ VA Benefits: \$ _____

PLEASE SEE OTHER SIDE

CHILDREN (9 months – age 17)

CHILD #1

First Name Middle Initial Last Name Age Date of Birth

Circle One: African American American Indian Arabic Asian Caucasian/White
 Hispanic Multi-racial Chaldean Other

Male Female Income: _____

CHILD #2

First Name Middle Initial Last Name Age Date of Birth

Circle One: African American American Indian Arabic Asian Caucasian/White
 Hispanic Multi-racial Chaldean Other

Male Female Income: _____

CHILD #3

First Name Middle Initial Last Name Age Date of Birth

Circle One: African American American Indian Arabic Asian Caucasian/White
 Hispanic Multi-racial Chaldean Other

Male Female Income: _____

CHILD #4

First Name Middle Initial Last Name Age Date of Birth

Circle One: African American American Indian Arabic Asian Caucasian/White
 Hispanic Multi-racial Chaldean Other

Male Female Income: _____

MONTHLY HOUSEHOLD BUDGET

HOUSEHOLD

INCOME

JOB #1 _____
 JOB #2 _____
 JOB #3 _____
 UNEMPLOYMENT _____
 UNEMPLOYMENT _____
 SOCIAL SECURITY _____
 SOCIAL SECURITY _____
 SOC SEC DISABLITY _____
 SOC SEC DISABLITY _____
 SURVIVOR BENEFITS _____
 VA BENEFITS _____
 PENSION _____
 PENSION _____
 CHILD SUPPORT _____
 CHILD SUPPORT _____
 DHS CASH ASSISTANCE _____
 ALIMONY _____
 OTHER _____
TOTAL INCOME _____

MONTHLY BILLS

MORTGAGE _____
 RENT _____
 LOT RENT _____
 PROPERTY TAXES _____
 H.O. INSURANCE _____
 WATER _____
 ELECTRIC _____
 GAS _____
 HOUSE PHONE _____
 CELL PHONE _____
 CELL PHONE _____
 CAR INSURANCE _____
 CAR INSURANCE _____
 CAR PAYMENT _____
 CAR PAYMENT _____
 TRASH REMOVAL _____
 CHILD SUPPORT _____
 CHILD SUPPORT _____
TOTAL EXPENSES _____

Please list monthly expenses below for all household members.

EXPENSES

CABLE _____
 INTERNET _____
 CREDIT CARD _____
 CREDIT CARD _____
 LIFE INSURANCE _____
 LOAN PAYMENT _____
 LOAN PAYMENT _____
 STUDENT LOAN _____
 PRESCRIPTIONS _____
 PRESCRIPTIONS _____
 HEALTH INSURANCE _____
 DENTAL INSURANCE _____
 MEDICAL _____
 MEDICAL _____
 CAR MAINTENANCE _____
 GASOLINE _____
 ENTERTAINMENT _____
 RECREATION _____
TOTAL EXPENSES _____

TOTAL INCOME _____
 LESS TOTAL BILLS _____
BALANCE _____
 LESS EXPENSES _____
DISPOSABLE INCOME _____

This monthly budget is a tool for us to determine your need for assistance.

NAME _____

CLIENT # _____

PLEASE SEE OTHER SIDE

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Total amount of Bridge Card assistance for household? _____
2. Does anyone in your home receive WIC? _____
3. Do you receive food from any other food pantries or programs? _____
4. Do you have transportation to come here for food? _____
5. Do you receive assistance for bills from any other agency? _____
6. Is this your first time receiving help from Hospitality House? _____
7. Who referred you to Hospitality House? _____

Welcome to Hospitality House food pantry. We provide food assistance to residents of the Walled Lake School District, City of West Bloomfield, Commerce Meadows and Stratford Villa. If you do not live in this area, you will receive food today only and will be referred to pantry in your area. If you are not receiving a Bridge Card, you may be asked to apply for one. We will require that you provide proof of all household income and monthly bills. You will need to provide identification and proof of address for everyone in your household. There can only be one account per household address, unless approved by the Director. If you qualify for assistance, you will come for food at scheduled times, and be required to provide updates on your situation as we determine. At that time, we will decide if you still qualify for assistance.

Please sign, stating that you understand and are applying for food assistance.

Signature of Applicant

Date

Please do not write below this line for Administrative purposes only

DETERMINATION AT INTAKE – THIS SECTION IS FOR HOSPITALITY HOUSE PERSONNEL ONLY.

DAY: 1ST/3RD 2ND/4TH MONDAY THURSDAY SATURDAY **TIME:** _____

CLIENT CLASSIFICATION: _____

NOTES _____

Signature of Intake person

Date