

**2015 NORTH RIDGEVILLE COMMUNITY CARE APPLICATION**

TODAY'S DATE \_\_\_\_\_

CLIENT # \_\_\_\_\_

FULL NAME \_\_\_\_\_

**SOCIAL SECURITY # OR DRIVER'S LICENSE #** \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

**LANDLORD'S NAME & ADDRESS** \_\_\_\_\_

CHECK ONE IF YOU: OWN HOME \_\_\_\_\_ RENT \_\_\_\_\_ MONTHLY PAYMENT \$ \_\_\_\_\_

DO YOU OWN A VEHICLE: MAKE/MODEL \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_

LIST **ALL** PEOPLE LIVING IN THE HOME ALONG WITH BIRTHDATE, AGE, & RELATIONSHIP TO YOU:

NAME	BIRTH DATE	AGE	RELATIONSHIP
(SELF)			

ARE YOU EMPLOYED: Yes \_\_\_\_\_ No \_\_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

LIST ANY AND ALL INCOME / ASSISTANCE RECEIVED: *(REMEMBER – NO ONE LIVES ON NOTHING)*

DO YOU RECEIVE SSI BENEFITS: \_\_\_\_\_ DO YOU RECEIVE SNAP: \_\_\_\_\_

FOR/FROM WHOM	AMOUNT \$

**ANY FURTHER INFORMATION THAT WILL HELP US UNDERSTAND YOUR SITUATION?**

Please be completely honest, NRCC is not a government agency; we are faith-based and we are here to help you.

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