



United Way
of North Central Ohio



DOING THE
MOST GOOD

Community Resources Application

Please fill out this form and return in person to Salvation Army at 505 E. Market St., Tiffin, OH with proof of identification.

Name (first & last): _____ Birth Date (MM/DD/YY): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Hire Date: _____

Names of all other people living in the home: DOB: Relationship:

INCOME (monthly)	Amount	EXPENSES (monthly)	Amount	Assistance Request Details
Employment		Rent/Mortgage		Type of Assistance:
Unemployment		Gas/Fuel (heating)		
Workers Comp		Electric		
Food Stamps		Water/Sewer		Amount Requested:
SSI		Trash		
Social Security		Groceries		Referred By:
Child Support		Loans/Rent to Own		
Disability		Credit Cards		Notes (Office Use Only):
Retirement		Cable/Internet		
Cash Employment		Phone		
Savings		Medical		
Other Income		Car Insurance		
TOTAL INCOME:		Car Payment		
TOTAL EXPENSES:		Child Support		Documentation Included:
Difference:		Child Care		
		Fines		
		Transportation/Gas		

Release of Confidential Information and Verification of Information

The information that I, _____, have given on this form and/or at an interview is true and complete to the best of my knowledge. I hereby authorize Salvation Army to release information to agencies and other organizations for the purpose of providing assistance for my request.

Signature: _____

Date: _____