

St. Joseph Charitable Foundation

Application for Assistance

416 N. Chicago Street * Joliet, IL 60432

815-727-9378

“Whatever you do to the least one, you do unto me.” (Mt. 25:40)

I.D. # _____

| | | |
|---|---|--|
| Name: | Date of Birth: | Date: |
| Address: | City, State, Zip: | Telephone: |
| | | Alt. Telephone: |
| Number of people living at this address, including yourself: _____ adults _____ children under 18 | Number of employed adults in the household: _____ | Monthly gross income (income from all sources before any deductions) for you and everyone who lives with you: _____ |
| How much do you pay in rent or mortgage per month: _____ | Please list any medical issues you may be dealing with : _____ _____ _____ _____ _____ | Monthly living expenses: Electricity: _____ Gas: _____ Water: _____ Garbage: _____ Phone: _____ (Home phone, not cell) Cable: _____ Insurance: _____ Prescriptions: _____ Medical: _____ Other: _____ _____ _____ |
| Are you currently receiving unemployment compensation or other types of assistance? Please list the type and amount received each month: _____ _____ _____ | | |
| Please describe your need for assistance at this time: _____ _____ _____ _____ _____ _____ | | |

Applicants are required to bring the following documents to their interview: proof of all income sources (paycheck stubs, social security statement, unemployment check stub, etc.), copy of utility, medical, prescription, and other pertinent bills. **All documents will be returned to you at the end of the interview. For your privacy we will keep no personal documents on file. All information gathered will be treated with the utmost confidentiality.**