

Union Hill Methodist - Request for Assistance

*In order to process your request, you must provide your driver's license or valid ID card and a copy of the bill.
Union Hill does not provide cash to anyone. If assistance is provided, a check will be mailed directly to the creditor.
Please understand that our funds are limited and we cannot pay large bills for anyone.*

DEMOGRAPHIC INFORMATION

Today's Date: _____ Phone Number: _____

Your Name: _____

Age: _____ Your Social Security # _____

Spouse/Significant Other: _____

Address: _____ ☐ Hiawassee ☐ Young Harris ☐ Other _____

If P.O. Box, list physical address: _____ I attend church at _____

How many children are in the home? _____ List ages: _____

Name(s) and age(s) of any other **adults living** at this address:

ASSISTANCE and AMOUNT REQUESTED

☐ Electricity - Name on account is _____ Amount Requested _____
BRMEMC Acct # _____

☐ Water - Name on account is _____ Amount Requested _____

☐ Propane - Name on account is _____ Amount Requested _____

☐ Other - _____ Amount Requested _____

Has electricity or water been cut off? ☐ Yes ☐ No If no, anticipated cut off date is _____

Past Due amount _____ Late fee amount _____ Other Fee _____

OFFICE USE ONLY

Action _____ Contact _____

Paid by **CC** or **Check** _____ Amount _____ Fee _____ Total _____

Paid by **CC** or **Check** _____ Amount _____ Fee _____ Total _____

Member of Union Hill? ☐ No ☐ Yes Relationship to church members/leaders? ☐ None ☐ _____

Reason granted: _____

Approved by: _____ Counselor _____

Intake by: ☐ CC ☐ CS ☐ CW | ☐ 1st Visit ☐ Date Last Attended _____ Amount _____

____ Entered in Access Database _____ Entered date/help in Attendance tab _____ Scanned/Attached

Please Complete Both Sides of this Form!!



EMPLOYMENT STATUS

Are you working? ☐ Yes ☐ No Last worked? ____/____/____ Where? _____

☐ I am currently employed at/by: _____

☐ My Spouse/significant other is currently unemployed. Last worked? ____/____/____

☐ My spouse/significant other is employed at/by: _____

REFERRAL/FINANCIAL INFORMATION

Who referred you to Union Hill Methodist Church? _____

I ☐ own or ☐ rent my home

SS Disability Payment (monthly) \$ _____ Food Stamps (monthly) \$ _____

Have you Contacted: Ninth District Opportunity ☐ Yes ☐ No Appt Date _____

Last Time Ninth District Helped _____

Help from Other Churches (List Church and assistance provided or promised)

(Name of Church)

(Name of Church)

Do you use Towns County Food Pantry? ☐ Yes ☐ No

AUTHORIZATION TO SHARE/VERIFY INFORMATION

I **understand** the information provided on this form may be shared/verified with the Department of Family & Children Services, Ninth District Opportunity and other agencies/creditors.

I **authorize** the Department of Family & Children Services, Ninth District Opportunity and other agencies/creditors to release information concerning my case and/or my billing/account status.

Signed: _____ Date: _____
(must be signed and dated in order to process your request)

OTHER INFORMATION THAT WILL HELP US TO HELP YOU