

Wood County Area Ministries (WAM) is a volunteer-staffed, Bowling Green church-based network that relies on donations of time and money to provide financial assistance. We strive to help in a timely manner, but we may not be able to meet all crisis needs. Incomplete requests will delay our ability to work with you.

## **WAM Assistance Application**

1. Complete each section of the application. Include documentation for your request (for example shutoff notice, current bill, landlord statement, eviction notice, etc.) Incomplete requests will delay our ability to work with you.
2. Return completed application and supporting documentation to the WAM office during regular office hours. You can also mail it to:

WAM  
315 S. College Dr.  
Bowling Green, OH 43402

3. We will contact you as quickly as possible with information about your request. If your contact information changes, please call us with a new number.

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First Name Middle Initial Last Name Phone

Address City/State/Zip SSN#

Email address

Date: Requesting assistance for in the amount of \$

Please include supporting documents for need

- Utility bill/Shutoff notice  Mortgage statement  
 Landlord statement/Eviction notice  Other

Why are you seeking assistance for this need?

Has this happened before? If so, how did you handle it?

Have you spoken with your family about this need? Yes / No

What did they tell you?

Have you spoken with another agency about this need? Yes / No

What did they tell you?

Do you attend or belong to a church? Yes / No Have you spoken with your church about this need? Yes / No

What did they tell you?

If you do not have a church home at this time, we encourage you to attend one. Being a part of a church community can help give you a sense of safety, love, and belonging.

May we connect you with a local church? Yes / No

Do you have a preferred denomination?

Office use:

Prior assistance Y / N Date(s)

- Release form signed  Follow-up card made  Entered in computer

Referred by

- SA  WSOS  Church:  
 JFS  211  Other:

**Please tell us about your household**

Number of people in household (including you): \_\_\_\_\_

First Name	Last Name	Age
First Name	Last Name	Age
First Name	Last Name	Age
First Name	Last Name	Age
First Name	Last Name	Age
First Name	Last Name	Age
First Name	Last Name	Age

**Please tell us about your income and expenses:**

<b>MONTHLY INCOME</b>		
<b>Monthly Income Source</b>	<b>Head of Household</b>	<b>Other Household members</b>
Wages or salary from job		
Social Security (SS)		
Disability (SSI)		
Disability Insurance (SDI)		
Unemployment		
Food Stamps/SNAP		
OWF/TANF		
Child Support		
Pension		
Other		
<b>Total Monthly Income</b>		
<b>MONTHLY EXPENSE</b>		
<b>Monthly Expense Source</b>	<b>Head of Household</b>	<b>Other Household members</b>
Rent/Mortgage		
Food		
Utilities		
Gasoline		
Phone		
Car Payment		
Insurance		
Medical		
Daycare		
Charitable Giving		
Loans/Credit Cards		
Other (entertainment, etc.)		
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<b>Total Monthly Expenses</b>		

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Consent for Release of Information

I authorize Wood County Area Ministries to share information related to my request for financial assistance.

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Print First Name

Middle Initial

Last Name

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Address

City/State/Zip

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Signature

Date