



# Viewpoint Services

501(c)(3) Non profit  
Proudly serving our community since 2018

## General Assistance Application

General Information		
Full Name:		
Date of Birth:	SSN:	
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email Address:		
How many adults live in this home?	How many children live in this home?	
Income Information		
Employment Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed <input type="checkbox"/> COVID-19 Related Layoff		
Name of Primary Employer:		
Total Monthly Household Income: (You may be asked to submit recent paystubs or other proof of income or job loss)		
Assistance Requested		
Which program are you applying to?	<input type="checkbox"/> Emergency Financial Assistance <input type="checkbox"/> Baked Goods Delivery <input type="checkbox"/> Clothes Closet <input type="checkbox"/> Cold Weather Kit	
Please provide additional information regarding your request for assistance:		

By signing this application, I attest that all of the information included in this form is true and correct to the best of my knowledge. I understand that knowingly providing false information in this application for assistance will prevent me from receiving this type of assistance from Viewpoint Services or any of its affiliates in the future.

Applicant Printed Name

Applicant Signature

Date