

Society of Samaritans

Client Application

Full Name: (as it appears on ID card)

First Name/primer nombre

Middle Name / Segundo nombre

Last Name/Apelido nombre

Application Date/Fecha: _____

Have you been to SOS before? /A estado usted aqui antes? Yes/Si No

Date of Birth /Fecha de Nacimiento

Social Security No. / Num de seguro social

Are You The Head of Household? Yes/Si No

Is Your Household Headed By a Female? Yes/Si No

Referred by: _____

Primary Language: English Espanol

Primary Phone: _____

Email Address: _____

Home Address: Street: _____ Apt/Unit #: _____

City/Ciudad State County / Condado Zip /Codigo Postal

Employment Status:

If unemployed, is this due to lack of transportation? Yes No

Marital Status: (check only one)

Gender: (Check only one)

Are you a Veteran?

Yes No

Are you Hispanic? (Check one)

What Race Are You? (Check only one)

Are you Homeless? Yes No

If Homeless, are you living with Family or Friends? Yes No

Are you Disabled? Yes No

Are you Wheel Chair Bound? Yes No

Church Preference: _____

I confirm that the above information is accurate and true.

Signed: _____ Date: _____

HOUSEHOLD INCOME SECTION: (Gross Monthly Amounts)

This section is income for the entire household. For every member of the household that has income:

Household Member Name		Employer/ Income Source Name	Monthly Income Amt:	Social Security	Supplemental Social Security (SSI)	Disability Social Security (SDI)
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
Family Aid	Veteran's Pension	Other Pension	Child Support Income		Unemployment	
\$	\$	\$	\$		\$	
Other Income Source:			Amount:	\$	Total Monthly Income:	\$
					Total Annual Income	\$

HOUSEHOLD EXPENSE SECTION: (Monthly Amounts)

This section is expenses for the entire household.

Rent/Mortgage: _____ Electricity: _____ Water/Trash: _____ Gas/Propane: _____
 Car Payments: _____ Gasoline: _____ Telephone & Cell: _____ Internet: _____
 Cable/Satellite: _____ Life Insurance: _____ HouRental Insurance: _____ Car Insurance: _____
 Medical Insurance: _____ Food: _____ Furniture/Appliance Payments: _____
 Credit Card Payments: _____ Medical: _____ Daycare/Baby Sitter: _____ Washateria: _____
 Child Support: _____ Loan: _____
 Other Description: _____ Other Amount: _____

SOS RELEASE FORM

Verification and Consent Statement

I certify that the answers to all questions and the statement I have made as true and correct to the best of my knowledge and belief. I agree to give SOS staff any information necessary to prove statements about my eligibility. I furthermore give them permission to contact my employer, benefit providers, or creditors to verify information I have provided to establish my eligibility. I understand that this application will be considered without regard to race, color, religion, creeds, national origin, age, sex, handicap, or political belief.

Client's Name (Please Print)

Client's Signature

Date

SOS AUTHORIZATION FOR RELEASE AND REQUEST OF INFORMATION

Client's Name (Please Print)

I hereby authorize SOS to release any information.

I further release the aforesaid Association from all legal responsibility of liability that may arise from the act that I have authorized above.

Client's Signature

Date

Driver's License Nbr

Photo I.D. #

Date

Proof of Residence: _____

(copy of light bill, water bill, insurance bill, etc.)