

Good Friends Monetary Request

Good Friends' Distribution Office is open Tuesday & Thursday; 2pm referral deadline

Client Information

"Client" is defined as the individual or family in need.

Head of Household who is applying for funds *

First Name Last Name

Birthdate *



Month Day Year

Last Four Digits of Social Security Number *

Full Home Address *

Street Address

Street Address 2 (Suite, Apt, Unit)

City State / Province

Postal / Zip Code

Ethnic Identification (optional)

Service Member Status (optional)

Other Persons in Household

Other adults in household

First Name

Last Name

Last Four Digits of Other Adult's Social Security Number

Birthdate of other adult



Month

Day

Year

Total Number of Adults in Household *

Ages of Adults in Household (separate by commas)

Total Number of Children in Household *

Ages of Children in Household (separate by commas)

Household Income

Total household monthly income? *

How much do you receive in SNAP monthly? *

How much do you receive in TANF? *

How much do you receive in Social Security Income? *

Total household wages? *

How much does your household receive in other income? *

Who verified monthly income? *

How was household income verified? *

How much do you receive in Medicaid? *

How much do household members receive in other health insurance?

Request from Good Friends

Item(s) Requested from Good Friends *

Total Monetary Request from Good Friends *

Dollar amount requested from Good Friends *

Enter as \$XXX

Have you contacted Crisis Assistance Ministries in the last 30 days? *

Yes

No

List ALL organizations contacted and results

Describe Client's need and use adequate justification. *

How was Client's need verified? *

Vendor / Payee Information

Checks are written and mailed based on the information provided below.

I understand that the case worker needs to complete (2) price quotes, tax, delivery fee and warranty info for all requests that are not rent or utilities. *

Yes

N/A

Option 1: Vendor / Payee / Landlord to be Paid *

Amount Requested *

Tax *

Delivery

Total of Request *

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Contact Name *

First Name

Last Name

Utility Account Number *

If not a utility request, please fill in N/A

Option 2: Vendor / Payee / Landlord to be Paid

Amount Requested

Tax

Delivery

Total of Request

Contact Name

First Name Last Name

Utility Account Number

If not a utility request, please fill in N/A

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Submitter's Information

Phone Number *

Please enter a valid phone number.

Supervisor's Name

Supervisor's Phone Number

Please enter a valid phone number.

Agency/Organization *

Supporting Documentation

Please attach all required documentation to the email when you submit this referral form. If you have any questions about what is required, please refer to the Good Friends Referral Guidelines and Procedures document.

I have attached all required supporting documentation. *

Yes

I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief.

Signature

All referrals must be sent along with supporting documentation to
Support@GoodFriendsCharlotte.org