QUAIL SPRINGS BAPTIST ASSISTANCE APPLICATION

APPROVED ZIP CODES: **73003, 73012, 73013, 73114, 73116, 73120, 73134, 73142, 73162**

Date QSBC Received _____ Appointment Date _____ Time _____ Application Completed _____ CLIENT ID# _____

NAME _____ ADDRESS _____ CITY _____ ZIP _____

PHONE _____ MARITAL STATUS: M ____   S ____   D ____   W ____   VETERAN _____

SOCIAL SECURITY _____ # of Adults in home? _____   #of Children in home? _____   Ages: _____

DATE OF BIRTH _____ AGE _____ EMAIL _____

SPOUSE' NAME _____ SPOUSE' SOCIAL SECURITY _____ PHONE _____

QSBC MEMBER: YES _____   NO _____   REFERRED BY: _____EMPLOYED/WHERE _____

ASSISTANCE REQUESTED: **OG&E** $ _____   **ONG** $ _____   **WATER** $ _____ **OTHER** $_____   **PANTRY** _____

NAME ON UTILITY: _____   ACCOUNT # _____

NAME ON UTILITY: _____   ACCOUNT # _____

NAME ON UTILITY: _____   ACCOUNT # _____

MONTHLY INCOME:

JOB $ _____   SOCIAL SECURITY $ _____   FOOD STAMPS $ _____   DISABILITY $ _____   UNEMPLOYMENT $ _____   SECTION 8$_____

CHILD SUPPORT $ _____   RETIREMENT $ _____   FAMILY $ _____   FRIENDS $ _____   OTHER$ _____   NONE_____

YOUR SIGNATURE (Giving permission to verify your application with utility companies and Charity Tracker) _____

ATTACH A COPY OF CURRENT UTILITY BILL, PHOTO ID, INCOME VERIFICATION & PLACE IN THE BOX FOR REVIEW
(WE WILL CONTACT YOU)

DO NOT WRITE BELOW THIS LINE – PERSONNEL ONLY

IN COMPUTER _____   UTILITY VERIFIED _____   POSTED _____   TRACKER _____   CONTACTED: DATE _____   L/M _____

 UTILITY NOTES**:** _____UTILITY NOTES: _____

_____

_____

_____

_____

_____

DENIED ____   APPROVED ____   PLEDGED: _____   PLEDGED: _____   POSTED ____   DATE NOTIFIED _____