

## **Mount Carmel Community Chest**

The Mount Carmel Community Chest is a non-profit organization that provides limited financial assistance to Mount Carmel residents who have lost their source of income due to an unexpected occurrence. If you need assistance, please fill out the Application for Assistance and return it to:

Mount Carmel Community Chest  
PO Box 1557  
Mount Carmel, TN 37645

After your application has been received and reviewed by the committee members, someone from the Mount Carmel Community Chest will contact you. Please keep in mind that The Town of Mount Carmel does not govern the decisions of the Mount Carmel Community Chest. The Community Chest is a group of dedicated volunteers that donate their time to provide assistance to those in need in their community.

Mount Carmel Community Chest

P.O. Box 1557

Mount Carmel, TN 37645

Application for Assistance

Instructions: Complete all pages of this form attach a copy of the bill or other or other documentation to support the request, place in envelope, add postage and mail to the address above.

Total of \$500.00 per year, per family or household-Effective January 1, 2013

Case Number \_\_\_\_\_ Assigned by M. C. C. C.

Date \_\_\_\_\_

1. Applicant's Name \_\_\_\_\_

Phone \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

3. Street Address \_\_\_\_\_

4. List all persons living in household and relationship to head of household:

5. List names of children, ages and school attending:

6. If 18 years of age: List names of present

employer: List names of previous employer:

7. Own home or rent? \_\_\_\_\_

8. If rent, name of owner and owner's phone number: \_\_\_\_\_

9. List all vehicles owned including motorcycles: \_\_\_\_\_

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10. List all current obligations, debts, utilities, etc. and monthly amounts for each

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11. List all money or aid now receiving (Social Security, SSI, Child Support, Food Stamps, etc.) \_\_\_\_\_

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12. Is anyone in household under continuous medical care? \_\_\_\_\_

13. Has anyone in the family or residence applied to the Community Chest before? If Yes, when? \_\_\_\_\_

14. Total amount needed? \_\_\_\_\_

15. Explain type of help needed in detail: \_\_\_\_\_

16. Billing Account Number for requested invoice or bill: \_\_\_\_\_

I \_\_\_\_\_ do hereby authorize the Mount Carmel Community Chest to investigate my claim and any or all information in this application.

References include name and phone number:

1. \_\_\_\_\_

2. \_\_\_\_\_

## **DO NOT WRITE BELOW THIS LINE**

For Mount Carmel Community Chest Investigation use:

Case Number: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

Mount Carmel Community Chest P. O. Box 1557 Mount Carmel, TN 37645