

**St. Vincent de Paul Society of Juneau
Application for Assistance**

Name: _____

Address: _____

Phone: _____ Phone (alternate): _____

Email (optional): _____

Date of Birth: _____

Type of Assistance Requested (circle one):

Utility (Electric, Heating Oil, Propane, Water)

Rent or Mortgage

Travel (Plane, Ferry)

Daycare

Medical

Dental

Other: _____

[Please provide documentation when you submit this application]

Amount Requested: _____

Reason Assistance is Needed: _____

People in Household and Their Ages: _____

Monthly Household Income: _____

Sources of Income: _____

I certify that the information provided above is true and correct to the best of my knowledge.

Signature: _____

Date: _____