

SACRED HEART CHURCH
Mercedes, Texas
SAINT VINCENT DE PAUL
Assistance Application

CASE NO. _____

Applicant Name: _____ Spouse Name: _____

Mailing Address: _____

Physical Address: _____ Phone No.: _____

Dependent Children and their age: _____

Income:
Employment _____
AFDC _____
Food Stamps _____
Soc. Sec. Benefits _____
SSI _____
Vets. Comp. _____
Workmen's Comp. _____
Unemployment _____
Child Support _____
Other _____

General Expenses:
Rent _____
House Payment _____
Auto _____
Medicine _____
Heating Gas _____
Water _____
Electricity _____
Phone _____
Other _____

CASE: _____

Approved By: _____ Amount Approved: \$ _____

Application Taken By: _____ Check No.: _____

Check Issued To: _____