

What is the need you are requesting assistance for? _____

Amount needed: \$ _____

Please explain the circumstances that brought about this need: _____

How much assistance have you received in the last year?

\$ _____	DES	\$ _____	WACOG
\$ _____	St. Vincent de Paul	\$ _____	Food Bank
\$ _____	Salvation Army	\$ _____	Church _____
\$ _____	Mohave County/One Stop	\$ _____	Other _____

Church Information:

Home Church: _____ Pastor: _____ Phone: _____

Landlord Information:

Landlord's Name: _____ Phone: _____

List 2 references/relatives we may contact:

Name: _____ Address: _____

Phone: _____ Relationship to you: _____

Name: _____ Address: _____

Phone: _____ Relationship to you: _____

I understand that an application does not guarantee assistance. I authorize the release of any and all information, including financial and medical, to or from Cornerstone Mission Project, Inc. **I certify by my signature that all information provided on this application is true and correct to the best of my knowledge.** I understand that any false information provided makes me immediately ineligible to receive any assistance from Cornerstone Mission Project, Inc. now and in the future.

Signature

Failure to sign will result in application not being processed.

Official Use Only: _____

