

**Chesapeake City Ecumenical Association (CCEA)
Outreach Assistance Application**

If requested by you form may be faxed to other organizations, write clearly using a dark pen.

ID Required _____ *Complete Entire Form* Date: _____

Please Print: _____ New: ___ Repeat: ___

Name: _____

(Last) (First) (M.I.)

Address: _____

(Street)

(City) (State) (Zip)

(Phone) Home Cell Work

_____ Email Address

DOB: _____ Sex: M F (circle on) Age: _____

of Adults in Household _____ # of Children in Household _____

List All Household Members:

Name:	Sex:	Age:	Relationship
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Referred by: _____ Phone #: _____

Income: (Monthly Average) _____

Expense: (Monthly Average) _____

Employment Self: _____

Rent/Mortgage: _____

(Employer) _____

Water/Sewer: _____

Spouse/Partner: _____

Electric/Gas: _____

(Employer) _____

Heat/Oil: _____

AFDC) _____

Daycare: _____

Food Stamps: _____

Monthly Food Bill: _____

Social Security: _____

Phone: _____

Disability: _____

Other: _____

Unemployment: _____

Pension: _____

Income from other _____

Family members _____

Other sources _____

Total Income: _____

Total Expenses: _____

(CONTINUED ON OTHER SIDE)

Type of assistance needed: _____

Include Copy Of Invoice

Reason for assistance: _____

Have you been to Social Services Yes No (circle one)

If Yes what is the status? _____

If requesting **Food**: Check items you have:

Microwave ____ Oven ____ Refrigerator ____ Coffee Maker ____

If requesting **Rental Assistance**:

Name of Landlord: _____

Address of Landlord: _____

Phone # of Landlord: _____

Fax # of Landlord: _____

Do you have an eviction notice? Yes No (circle one)

If requesting **Electric or Fuel**:

Have you been to CHAP or MEAP? Yes No (circle one)

If Yes, what is the status? _____

Do you have a shut off notice? Yes No (circle one)

What other commitments for funds from other agencies have you obtained? _____

Information contained in this application is TRUE* to the best of my knowledge.

I have given the CCEA staff permission for this information to be verified.

* [Declaration under Penalty and Perjury](#)

**The completed form can be faxed to (866)922-6674 or
email to outreach@ccea4u.com**

Signature

Date

Optional information: Are you affiliated with a church, if so which one: _____

Would you like to be contacted by a Pastor or Deacon? _____ Religion: _____

Information contained in this application is sensitive and
For Official Use Only by the CCEA staff.

DB

Check/CC issued

Quicken

Letter Mailed/Faxed

Outreach Coordinator: _____