

I affirm that the information about my household recorded on the front of this form is truthful, accurate and complete to the best of my knowledge. I have not intentionally withheld any information regarding household income, support or expenses. Forms and paperwork I have provided for **GPC, LLC** are accurate and truthful.

“As Is” Policy

I understand that any food, clothing, household item, furniture, air conditioner, fan, or other item that is provided to me free of charge or obligation is accepted “as is”, in the condition it is given. It is given to me to be good, but if it is found to be otherwise, I am responsible to dispose of it properly. I assume all responsibility and will not hold **Grace Pointe Center, LLC** or any of its staff, board of directors, or volunteers responsible for any loss I might incur. I understand that the food items I have received are provided to feed me and those in my household and I will not offer the same for sale, exchange, trade, or in return for other properties.

Initials ()

Release of Information

I give **Grace Pointe Center, LLC** permission to obtain information pertinent to my application and request for assistance. I also agree to let **Grace Pointe Center, LLC** share information from my case record with any agencies and organizations, such as, but not limited to, **Virginia Department of Human Services, Virginia Unemployment Commission, Department of Public Health, Public Housing,** or other organizations that may ask for said information that may help in determining any assistance that I may be qualified for.

Initials ()

Additional Information - OFFICE USE ONLY

I have read and initialed each of the above disclosure statements.

CLIENT NAME (PRINTED)

Angela Akers

AGENCY REPRESENTATIVE NAME (PRINTED)

CLIENT SIGNATURE

AGENCY REPRESENTATIVE SIGNATURE

DATE

DATE



INFORMATION FORM

This form does not imply verification or guarantee assistance.

Grace Pointe Center
office use only.

Personal Information (PLEASE PRINT)

Today's Date _____

Name (First, Middle Last) _____

Birthdate _____ Social Security # _____

Address _____ Apt. or Lot # _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Income and Expenses

INCOME: Please list amount you receive each month from the following:

Employment: \$ _____ Full time Part time Employment: \$ _____ Full time Part time

Food Stamps _____ SS _____ SS Disability _____ Unemployment _____ Child Support _____

Other _____

EXPENSES: Please list all expenses (debts, payments, bills, etc.) related to your household. Graceworks does not assist with the payment of debt, but does take your debt expense into consideration.

EXPENSES	MONTHLY \$	EXPENSES	MONTHLY \$	EXPENSES	MONTHLY \$
Rent/Mortgage		Cable		Car Payment	
Electric		Gasoline		Car Insurance	
Water		Food		Pay Day Loans	
Gas/Propane		Medical Bills		Personal Loans	
Phone/Cell		Prescriptions		Other	

TOTAL INCOME _____ **TOTAL EXPENSES** _____ **LONG-TERM DEBT** _____

Additional Information

Email _____ Gender: Male Female

Ethnicity _____ W-White, B-Black, A-Asian; H-Hispanic; ME-Middle Eastern; N-Native American; O-Other; M-Mixed

Education: High School – incomplete High School College

Employment: Full time Part time Unemployed Stay at home parent Student Other

Marital Status: Single Married Separated Divorced Widowed

Veteran: Yes No Disabled: Yes No Homeless: Yes No

Children: Yes No How Many? _____ Ages: _____ Boys: _____ Girls: _____

Spouse

Name (First, Middle Last) _____ Gender: Male Female

Birthdate _____ Social Security # _____ Relationship _____

Monthly Income: Employment: \$ _____ Full time Part time Food Stamps _____ SS _____

SS Disability _____ Unemployment _____ Child Support _____ Other _____

Ethnicity _____ W-White, B-Black, A-Asian; H-Hispanic; ME-Middle Eastern; N-Native American; O-Other; M-Mixed

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