

Petal Children's Task Force

314 South George Street
Petal, MS 39465
601-255-5578

Name _____ Birthday _____ Phone _____

Last 4 digits of your social security number _____

Employed Y/N _____ Place of employment _____

Spouse name _____ Birthday _____ Phone _____

Spouse Employed Y/N _____ Place of employment _____

Address _____ Petal, MS 39465

List **ALL** other household members:

Name _____ Birthday _____ M/F _____

Name _____ Birthday _____ M/F _____

Name _____ Birthday _____ M/F _____

Name _____ Birthday _____ M/F _____

Name _____ Birthday _____ M/F _____

Monthly Family Income/Expenses = Total for EVERY PERSON in the HOUSEHOLD

<u>MONTHLY FAMILY INCOME</u>		<u>MONTHLY FAMILY EXPENSE</u>	
<u>SOURCE</u>	<u>AMOUNT</u>	<u>TYPE</u>	<u>AMOUNT</u>
Husband Emp Monthly	_____	Rent	_____
Wife Emp Monthly	_____	Electricity	_____
Food Stamps	_____	Gas (home)	_____
Child Support	_____	Water	_____
TANF	_____	Groceries	_____
Disability	_____	Car Payment	_____
Social Security	_____	Medical (Rx/Dr)	_____
SSI	_____	Insurance (car)	_____
<u>Total Income</u>	_____	Cell Phone	_____
		Cable	_____
		Loans	_____
		<u>Total Expenses</u>	_____

The aim of the Petal Children's Task Force is to provide help with food to Petal children and/or their families who need assistance. We attempt to qualify each applicant based on need which is determined by information provided by the applicant. Please be aware that you are responsible for the accuracy of all information that you provide. We reserve the right to pursue all available avenues for legal recourse in the event fraud is discovered. By signing this application, you are guaranteeing that all the information provided is true and accurate.

Applicant Signature _____ **Date** _____