



# Application for Assistance

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, ZIP: \_\_\_\_\_

HOME PH: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Please check which services you are in need of:

\_\_\_\_\_ bill payment assistance

\_\_\_\_\_ house cleaning

\_\_\_\_\_ lawn care

\_\_\_\_\_ music therapy

\_\_\_\_\_ medical appt. transportation

\_\_\_\_\_ light home maintenance

such as: gutter cleaning, window washing,  
power washing

Who referred you to MOmentum?

\_\_\_\_\_

In case of an emergency, who should we contact? Please list two people:

1) \_\_\_\_\_ ` Phone: \_\_\_\_\_ `

2) \_\_\_\_\_ ` Phone: \_\_\_\_\_ `

Signature: \_\_\_\_\_ `

Date: \_\_\_\_\_