



**Women in Need of the Ozarks
Application for WIN Support**

Revised 04.13

**ASSISTANCE AVAILABLE ONLY TO WOMEN IN GREENE AND
CHRISTIAN COUNTIES WHO ARE WORKING FULL TIME**

All information provided below is held in strict confidence. We will not share your personal information with any other organization without your consent.

Name: _____ Date _____

Address: _____ City _____ State _____ Zip _____

Date of Birth _____ email _____

Do you own _____ or rent _____ your home? How long at your current address? _____

If less than years at current address, list previous addresses _____

** We do require copy of lease or rental Agreement

Home Phone:(_____) _____ Cell Phone: (_____) _____

Marital Status -single _____ -married _____ -divorced _____ -separated _____

Are you currently in need of housing?: _____

Employer: _____

Address _____ City _____ State _____ Zip _____

Work Phone(_____) _____ Supervisors Name: _____

Hours per week: _____ Income per week: _____

Take home pay: _____

**We do require proof of income – last 3 paystubs

Employer (other): _____

Address _____ City _____ State _____ Zip _____

Work Phone(_____) _____ Supervisors Name: _____

Hours per week: _____ Income per week: _____

How long at current employment? _____

Are you currently in need of employment?: _____

Do you have any special physical limitations regarding employment? (please explain)

Do you have children: _____ First Name _____ Age _____ Sex: _____

First Name _____ Age _____ Sex: _____

First Name _____ Age _____ Sex: _____

First Name _____ Age _____ Sex: _____

List people living with you:

Name _____ Relationship _____ Employed by _____

Name _____ Relationship _____ Employed by _____

Name _____ Relationship _____ Employed by _____

Name _____ Relationship _____ Employed by _____

Do you receive child support? _____ Amount per month? _____

Do you receive any kind of financial assistance? _____

If yes, what kind? _____ Amount per month? _____

Other income? _____ Amount per month? _____

Are you currently in school? _____ Where? _____

Hours per week: _____ Courses: _____

Have you ever applied to WIN before? _____ if so, when? _____

If so, did you receive assistance? / Details _____

Please list your monthly expenses (bring recent bank statement and copies of expenses with you if you are interviewed):

Rent _____ Utilities _____
Cable _____ Phone _____
Groceries _____ Car Payment _____
Insurance _____ Gas _____
Legal fees _____ Childcare _____
Credit Card(s) – list separately _____

Do you have any current legal charges outstanding? (please explain)

What kind of assistance are you seeking from WIN? (please explain, be specific)

Explain why you need help right now..

Would you be willing to participate in fund raising activities for WIN? _____

During WIN fund raising, do you wish to remain anonymous? _____

How did you hear about WIN? _____

Any other comments you wish to add?: _____

Signature: _____ Date: _____

If any information submitted is found false or application is incomplete, it will be denied automatically.

Submit application to: Women in Need, P.O. Box 4626, Springfield, MO. 65808-4626
Or Fax (417) 862-6892. Phones: (417) 773-8724
www.womeninneedoftheozarks.org