

GLC HOPE Ministries

1015 E. Washington
Greenville, MI 48838
(616)754-7951

Eligibility

Regardless of age, sex, race, religion, national origin or handicap, God's LOVE Closet will help clients find shelter, food, clothing, furniture and/or household items at no cost to anyone that truly has a need.

A client can only be helped one time per 12 months

General Guidelines

To register as a client you will need to have proper identification:

- Proof of residency (piece of recent mail such as a bill or lease agreement that shows name with address)*
- Number of people in household (SS Card or birth certificate)*
- Proof of total monthly income (check stub or bank statement showing a direct deposit. This includes items such as child support, social security, state or government assistance)*
- Picture ID*

Please take time to fill out the application.

*Be specific about what you need. If we do not have it the day you apply you will be able to call weekly to see if your requested item on your application has come in.
We are first come, first serve! We cannot hold items for anyone.*

We are here to help those who have a NEED for items. We are not here to help people acquire items that are newer or better than they have at home.

Please feel free to call the phone number above and one of our volunteers will be glad to help you if you have any questions or concerns.

ITEM APPLICATION - GLC Hope Ministries

FOR OFFICE USE ONLY

GLC # _____

Date In: _____ Time: _____ Walk In [] Referral []

GLC Rep. Initials _____ 12 MONTH CHECK []

CLIENT INFORMATION (must show picture identification)

First Name _____ Middle _____ Last _____

Spouse _____ (if applicable)

Are you a US citizen? Yes [] No [] Soc. Sec. # _____ - _____ - _____

Drivers License/St. ID/Green Card # _____ ID Expiration date _____

Date of Birth ____/____/____ Place of birth _____

Hair color _____ Eye color _____ Height _____

Have you ever applied for help here before ? Yes No Date

MARITAL STATUS

Divorced [] Married [] Separated [] Widowed [] Never Married []

Do you have a marriage license with you? Yes [] No [] If not, county married _____

Adults in household _____

Children _____ (we must have copies of Social Security Cards for everyone in household)

	Name of child	SSN	DOB	Age	Place of Birth
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

CURRENT ADDRESS (we must have copy of recent bill addressed to client)

City _____ State _____ Zip _____

Phone # () _____ County _____

How long at this address? _____ (yrs)

PREVIOUS ADDRESS _____

Date(s) _____

City _____ State _____ Zip _____

Explain what brings you here today. **Try to explain your current situation and specify items needed.**

EMPLOYMENT

Are you employed? Yes [] No [] If "yes" since when? _____

Employer's Name

Address

Phone Number () _____

CHECK THE APPROPRIATE BOXES

ETHNICITY

African-American/Black [] Asian [] Hispanic [] Multi-Ethnic [] Native-American []
White/Caucasian [] Other _____

FAITH

Christian [] Buddhist/Zen [] Hindu [] Jehovah's Witness [] Mormon [] Muslim []
Atheist [] Other Eastern Religion [] Satanist [] Wicca/Witchcraft []

EDUCATION

None [] Elementary [] Junior High [] High School Graduate [] GED [] Some College []
Junior College/A.A. , A.S. [] College Graduate/ B.S, B.A. [] Graduate School M.S., M.A. []
Doctorate or Professional [] Some High School [] Technical School []

MILITARY

Air Force [] Army [] Coast Guard [] Marines [] Merchant Marine [] National Guard []
Navy [] Reserves []

WHERE DO YOU RECEIVE MONEY OR ASSISTANCE FROM ?

Employment Full Time [] Employment Part Time [] FIA-Disability [] SSDI [] SSI []
Unemployment [] Veteran's Benefits [] Workman's Comp [] FIA-TANF [] SS []

Other _____

Case Worker : _____ Phone # _____

WHAT IS YOUR MONTHLY INCOME?

\$ _____ *(we must have copy of check stub or bank statement showing direct deposit)*

Housing Expenses

\$ _____

Circle below

Own
Medicaid _____
Rent
Section 8
Subsidize
Other _____
Staying with family

Supporting Resources

Day Care Asst. _____

\$ _____

Health Insurance _____

Medicare _____

MI Child _____

Commodities _____

WIC _____

Other _____

Other Monthly Income

Child Support

Other

Signed _____

Date _____

**list additional 'needed items' here:*