



# H.Y.M.N.S

Helping Young Mothers Nationwide Succeed  
www.hymns4jesus.org

## APPLICATION FOR ASSISTANCE

### \*PLEASE PRINT

Name: (First, Middle, Last) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B. \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ AGE \_\_\_\_\_

Address: (include City, State, Zip) \_\_\_\_\_

Phone# \_\_\_\_\_ Alternate phone# \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_

Monthly Income \_\_\_\_\_ Number in Household \_\_\_\_\_ Number of children \_\_\_\_\_ Ages \_\_\_\_\_

Do you have a checking account? \_\_\_\_\_ Savings? \_\_\_\_\_ Do you have your own transportation? \_\_\_\_\_

Are you employed? \_\_\_\_\_ Name of employer \_\_\_\_\_ Address \_\_\_\_\_

Are you a student? \_\_\_\_\_ Name and Address of Educational Facility \_\_\_\_\_

Do you rent \_\_\_\_\_ or own your home \_\_\_\_\_ Do you live with a friend or relative? \_\_\_\_\_

Do you belong to a local church? \_\_\_\_\_ Name \_\_\_\_\_

Have you accepted Jesus Christ as your Lord and Savior? \_\_\_\_\_ At what age? \_\_\_\_\_

How did you hear about H.Y.M.N.S ? \_\_\_\_\_

### What area are you seeking help in:

Basic Needs (nursery supplies for infants, maternity clothes, clothing, and shoes for infants and children) \_\_\_\_\_ Educational Assistance \_\_\_\_\_ G.E.D referrals, scholarship application, school supplies \_\_\_\_\_ Personal Care \_\_\_\_\_ Dress Attire for interviews \_\_\_\_\_  
Home Furnishings (small appliances and basic home essentials, children's furniture, and toys) \_\_\_\_\_ Referrals to other Services \_\_\_\_\_ Parenting Advice \_\_\_\_\_ Prayer \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_