

GOOD FRIENDS MONETARY REQUEST

GOOD FRIENDS Distribution Office (Tues/Thurs 9-5) 2pm Referral Deadline
7427 Matthews Mint Hill Rd 105-338 Charlotte, NC 28227
(704) 890-8930

Date **ALL BLANKS MUST BE COMPLETED ON THIS FORM.**

1. _____ Soc Sec # _____ Birthdate _____ Age _____
(Head of household's full name of person applying for funds) Client's Phone # _____

2. _____ Soc Sec # _____ Birthdate _____ Age _____
(List all other adults in household)

PRINT ADDRESS:

Total # in Household	#Adults	Ages	#Kids	Ages	
Monthly Income \$	Food Stamps \$	TANF \$	SSI/SocSecurity	Wages \$	Other \$
Verified by	How Verified?	Medicaid	Other Health insurance?		
Item Needed	Total Amount Needed/Owed		\$ Request to Good Friends		

LIST ORGANIZATIONS CONTACTED & RESULTS Crisis Assistance Ministry contacted in last 30 days?

Attach Crisis Voucher or Denial Slip

Other Agencies:

Describe Client's Need and use adequate justification:

How was need verified?

******CHECKS ARE WRITTEN AND MAILED BASED ON THE INFORMATION IN THE SPACES BELOW.**

Option #1 Price Verification (For items, worker needs to accurately complete 2 price quotes, tax, delivery fee and warranty info.)

Vender/Payee	\$ Requested
Address	Tax
City/Zip	Delivery
Phone	Total
Contact	Warranty Y N Months
Utility Acct #	

Option #2

Vender/Payee	\$ Requested
Address	Tax

City/Zip

Delivery

Phone

Total

Contact

Warranty Y N Months

Utility Acct #

Submitter's Name:

Best Phone:

Email:

Supervisor's Name:

Phone:

AGENCY/Organization:

(INCOMPLETE APPLICATIONS CANNOT BE PROCESSED)

GOOD FRIENDS DISTRIBUTION OFFICE USE ONLY

Date Received

Logged By

GF Check Issued

Authorized By

Worker Notified

By

Notes

GFDO 4/18/2017 PSN