

Mount Carmel Community Chest

The Mount Carmel Community Chest is a non-profit organization that provides limited financial assistance to Mount Carmel residents who have lost their source of income due to an unexpected occurrence. If you need assistance, please fill out the Application for Assistance and return it to:

Mount Carmel Community Chest
PO Box 1557
Mount Carmel, TN 37645

After your application has been received and reviewed by the committee members, someone from the Mount Carmel Community Chest will contact you. Please keep in mind that The Town of Mount Carmel does not govern the decisions of the Mount Carmel Community Chest. The Community Chest is a group of dedicated volunteers that donate their time to provide assistance to those in need in their community.

Mount Carmel Community Chest

P.O. Box 1557

Mount Carmel, TN 37645

Application for Assistance

Instructions: Complete all pages of this form attach a copy of the bill or other or other documentation to support the request, place in envelope, add postage and mail to the address above.

Total of \$500.00 per year, per family or household-Effective January 1, 2013

Case Number _____ Assigned by M. C. C. C.

Date _____

1. Applicant's Name _____

Phone _____

2. Mailing Address _____

3. Street Address _____

4. List all persons living in household and relationship to head of household:

5. List names of children, ages and school attending:

6. If 18 years of age: List names of present

employer: List names of previous employer:

7. Own home or rent? _____

8. If rent, name of owner and owner's phone number: _____

9. List all vehicles owned including motorcycles: _____

10. List all current obligations, debts, utilities, etc. and monthly amounts for each

11. List all money or aid now receiving (Social Security, SSI, Child Support, Food Stamps, etc.) _____

12. Is anyone in household under continuous medical care? _____

13. Has anyone in the family or residence applied to the Community Chest before? If Yes, when? _____

14. Total amount needed? _____

15. Explain type of help needed in detail: _____

16. Billing Account Number for requested invoice or bill: _____

I _____ do hereby authorize the Mount Carmel Community Chest to investigate my claim and any or all information in this application.

References include name and phone number:

1. _____

2. _____

DO NOT WRITE BELOW THIS LINE

For Mount Carmel Community Chest Investigation use:

Case Number: _____

Approved: _____ Date: _____

Check Number: _____ Amount: _____

Disapproved: _____ Date: _____

Mount Carmel Community Chest P. O. Box 1557 Mount Carmel, TN 37645