

# ADVOCACY CENTER of DAVIE COUNTY (ACDC) APPLICATION

Client Number \_\_\_\_\_

Full Legal Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Social Security number \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

**CONSENT FOR RELEASE OF INFORMATION:** In addition to verification of income and expenses, I authorize *The Advocacy Center of Davie* to contact other local social service agencies, community organization, local churches, including, but not limited to, ALL utility companies and my landlords, in order to verify, share, and request any information which may be needed to assist in meeting my need. I understand that this information will be stored and shared via databases that are accessed utilizing the internet, including, but not limited to, Charity Tracker™, and that any information shared will be for the sole purpose of assisting me and will not be used for any other purpose. I consent to the release and requesting of information, as noted above, for me and everyone else listed on the form below.

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

Who/what agency referred you to us? \_\_\_\_\_

Have we helped you in the past? \_\_\_\_\_ If so, what month/ year? \_\_\_\_\_

What are you seeking assistance with? \_\_\_\_\_ How much? \_\_\_\_\_

Is your financial hardship COVID related? \_\_\_ Yes \_\_\_ No

What circumstances caused you to need assistance, be specific?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many persons, including yourself, currently live in your household? \_\_\_\_\_

Name	Date of birth	Age	Relationship to Applicant	Check if employed
			Self	

List the full names and ages of any **other minor children** you have, but who are not living with you

Are you employed? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_ How long? \_\_\_\_\_

Do you have charges pending, arrests, misdemeanors or felonies? \_\_\_\_\_

If yes, what year and what for? \_\_\_\_\_

Are you on Probation/Parole at the time of this application? \_\_\_\_\_

Do you have pets? \_\_\_\_\_ If yes, what kind and how many? \_\_\_\_\_

Does anyone in the household have a car? \_\_\_\_\_ Year/Make \_\_\_\_\_

Do you have a High School diploma? \_\_\_\_\_ GED? \_\_\_\_\_ College? \_\_\_\_\_

Where do you volunteer? \_\_\_\_\_

**Monthly Income and Expense**

**Income:**

Income Job #1 \_\_\_\_\_  
Income Job #2 \_\_\_\_\_  
Child Support \_\_\_\_\_  
Food Stamps \_\_\_\_\_  
Other Income \_\_\_\_\_  
**TOTAL INCOME** \_\_\_\_\_

**Automobile:**

Monthly Payment \_\_\_\_\_  
Gas \_\_\_\_\_  
Insurance \_\_\_\_\_  
License/taxes(divide by 12) \_\_\_\_\_  
Maintenance/repair \_\_\_\_\_  
Bus/cab/paying someone \_\_\_\_\_  
**TOTAL:** \_\_\_\_\_

**Expenses:**

Rent/mortgage \_\_\_\_\_  
Renters Insurance \_\_\_\_\_  
Taxes (divide by 12) \_\_\_\_\_  
Power \_\_\_\_\_  
Water \_\_\_\_\_  
Garbage pickup \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cable/TV/Internet \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Maintenance \_\_\_\_\_  
Day care \_\_\_\_\_  
Groceries \_\_\_\_\_  
Savings \_\_\_\_\_  
**TOTAL:** \_\_\_\_\_

**Debt/Payments:**

Loans (student/bank) \_\_\_\_\_  
Other \_\_\_\_\_  
Clothing (kids/adults) \_\_\_\_\_  
Medical/Dr bills/Rx \_\_\_\_\_  
Rent to Own \_\_\_\_\_  
Credit cards \_\_\_\_\_  
**TOTAL:** \_\_\_\_\_

**TOTAL INCOME** \_\_\_\_\_  
**MINUS EXPENSES** \_\_\_\_\_  
**DIFFERENCE** \_\_\_\_\_

**Notes:** \_\_\_\_\_

*A complete application includes the following:*

*Agency Referral  
Letter*

*Copy of Driver's License/State ID*

*Copy of SS Card*

*Proof of income (Pay Stub/disability/Social Security/etc)  
or Proof of Layoff*

*Copy of Bill*

*Additional Items as requested*