



FINANCIAL SERVICES APPLICATION

If you live in one of these zip codes: 20902, 20906, 20895, 20896, and 20853, call MUM at 301-929-8675: 9 a.m. to 4 p.m. on Tuesday, Wednesday and Thursday to set up an appointment. Please complete this application and bring it with you to your appointment.

Name

First

Middle

Last

Date of Birth

MM/DD/YYYY

Phone Number

Email Address

Ethnicity

Hispanic/Latino _____

Black/African American _____

Caucasian _____

Asian/Pacific Islander _____

Native American _____

Hawaiian _____

Other _____

Type of Residence

Stable/Permanent _____

Shelter _____

Transition/Temporary _____

Relative _____

Friend _____

Income

Please tell us about your income.

Are you presently employed?

Yes _____

No _____

If yes Company Name:

Company phone number: _____

Income

What is your salary? _____

(Indicate weekly/monthly/yearly)

Child Support Income

List any income you receive from Child Support. Leave blank if none.

Spousal Support

List any income you receive from Spousal Support (i.e. Alimony, etc.)
Leave blank if none.

Temporary Cash Assistance (TCA)

List any income you receive from TCA. Leave blank if none.

Food Stamps

List the amount of any Food Stamp benefits you receive. Leave blank if none.

Other

Do you receive a pension? If yes how much per month? \$_____

Do you receive survivor benefits? If yes how much per month? \$_____

Do you receive SSI/SSDI? If yes how much per month? \$_____

Expenses

Tell us about your expenses

Do you pay Rent or Mortgage?

Select the option that matches your situation.

I pay rent _____

I have a mortgage _____

I do not pay rent or mortgage _____

Do you pay child support?

Yes _____ If yes, how much? _____ No _____

Do you pay for Child Care?

Yes _____ If yes, how much? _____ No _____

List any Medical Expenses you pay

List any garnishments you have

List the names and relationships of all household members.

Is one of your household members your spouse?

Yes _____ No _____

Is your spouse employed?

Yes _____ No _____

Spouse's Company Name

Spouse's Company phone number: _____

What is your spouse's salary? _____

(Indicate weekly/monthly/yearly)

Please contact MUM's office at 301-929-8675 to make an appointment and bring this completed form with you.

Mid-County United Ministries (MUM)
751 Twinbrook Parkway
Rockville, MD 20851 (Temporary Location)
Phone: 301-929-8675
Fax: 301-929-8234
E-mail: office@mumhelp.org.

Thank You!!