

Date QSBC Received _____ Appointment Date & Time _____ Application Completed _____

QUAIL SPRINGS BAPTIST UTILITY ASSISTANCE APPLICATION

APPROVED ZIP CODES: 73003, 73012, 73013, 73114, 73116, 73120, 73132, 73134, 73142, 73162

NAME _____ ADDRESS _____ CITY _____ ZIP _____

PHONE _____ MARITAL STATUS: M ___ S ___ D ___ W ___

SOCIAL SECURITY # _____ # of Adults in home? _____ # of Children in home? _____ **(If children, fill out back)**

DATE OF BIRTH _____ EMAIL _____

SPOUSE' NAME _____ SPOUSE' SOCIAL SECURITY _____

QSBC MEMBER: YES _____ NO _____ EMPLOYED/WHERE _____

ASSISTANCE REQUESTED: OG&E \$ _____ ONG \$ _____ WATER \$ _____

NAME ON UTILITY: _____ ACCOUNT # _____

JOB \$ _____ DHS \$ _____ SS \$ _____ FOOD STAMPS \$ _____ SECTION 8 \$ _____ OTHER \$ _____ EXPLAIN _____

YOUR SIGNATURE (Giving permission to verify your application) _____

ATTACH A COPY OF CURRENT UTILITY BILL & PLACE IN THE BOX FOR REVIEW (WE WILL CONTACT YOU)

IN COMPUTER _____ UTILITY VERIFIED _____ POSTED _____ TRACKER _____ CLIENT CONTACTED: DATE _____ L/M _____

APPROVED: UTILITY \$ _____ DENIED _____ PLEDGED _____ POSTED _____ DATE NOTIFIED _____

UTILITY NOTES: _____

(OTHER SIDE FOR FOOD PANTRY AND CHILDREN'S CLOTHING CLOSET)

Date QSBC Received _____ Appointment Date & Time _____ Application Completed _____

QUAIL SPRINGS BAPTIST FOOD PANTRY & CHILDREN'S CLOTHES CLOSET APPLICATION

APPROVED ZIP CODES: 73003, 73012, 73013, 73114, 73116, 73120, 73132, 73134, 73142, 73162

NAME _____ ADDRESS _____ CITY _____ ZIP _____

PHONE _____ MARITAL STATUS: M ___ S ___ D ___ W ___

SOCIAL SECURITY # _____ # of Adults in home _____ # of Children in home _____ **(If children, fill out back)**

DATE OF BIRTH _____ EMAIL _____

SPOUSE' NAME _____ SPOUSE' SOCIAL SECURITY _____

QSBC MEMBER: YES ___ NO ___ EMPLOYED/WHERE _____

DO YOU WANT TO VISIT? FOOD PANTRY ___ CHILDREN'S CLOTHING CLOSET ___ N/A ___ (Sizes Newborn to Size 10)

Children in the Home:

Name: _____ Birthdate: _____ Age: _____ Social Security Number _____

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Name: _____ Birthdate: _____ Age: _____ Social Security Number _____

YOUR SIGNATURE (Giving permission to verify application) _____

ATTACH A COPY OF A CURRENT UTILITY BILL FOR PROOF OF RESIDENCE (WE WILL CONTACT YOU)

BELOW TO BE FILLED OUT BY PERSONNEL ONLY

IN COMPUTER ___ TRACKER ___ DATE CONTACTED _____ L/M _____ POSTED _____

(GO TO THE OTHER SIDE TO APPLY FOR UTILITY ASSISTANCE)