



UTILITY ASSISTANCE APPLICATION

Date QSBC Received: _____ Appointment Date: _____ Time: _____ Application Completed: _____ Client ID # _____

Approved Zip Codes: 73003, 73012, 73013, 73114, 73116, 73120, 73134, 73142, 73162

Full Name: _____ Social Security: _____ Phone: _____ DOB: _____ Age: _____
Address: _____ Email: _____

Street Address _____ City _____ Zip _____

Marital Status: M S D W Veteran # of Adults in home? _____ # of Children in home? _____ Ages: _____

(If you have children, fill out the children information on back)

Spouses Name: _____ Spouse's Social Security: _____ Spouse's Phone: _____

QSBC Member: Yes No Referred By: _____ Employed/Where: _____

Have you received assistance from any of the following sources in the last year? (Select all that apply) None Family Friends Unemployment
Social Security Disability Food Stamps Day Care Housing Assistance Other Churches or Organizations

ASSISTANCE REQUESTED: OG&E \$ _____ ONG \$ _____ WATER \$ _____ OTHER _____ PANTRY _____ CHILDREN'S CLOTHING CLOSET _____

Name on Utility: _____ Account #: _____
Name on Utility: _____ Account #: _____
Name on Utility: _____ Account #: _____

MONTHLY INCOME:
Job \$ _____ SS \$ _____ Food Stamps \$ _____ Disability \$ _____ Unemployment \$ _____ Child Support \$ _____ Family \$ _____
Retirement \$ _____ Friends \$ _____

YOUR SIGNATURE (Giving permission to verify your application) _____

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

DO NOT WRITE BELOW THIS LINE- PERSONNEL ONLY

In Computer Utility Verified Posted Tracker Contacted Date _____ L/M _____
Denied Approved Pledged: _____ Pledged: _____ Posted Date Notified _____

Utility Notes: _____

GO TO THE OTHER SIDE FOR FOOD PANTRY AND CHILDREN'S CLOTHING CLOSET



FOOD PANTRY & CHILDREN'S CLOTHES CLOSET ONLY APPLICATION

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Full Name: _____ Social Security: _____ Phone: _____ DOB: _____ Age: _____

Address: _____ Email: _____
Street Address City Zip

Marital Status: M S D W Veteran # of Adults in home? _____ # of Children in home? _____ (See Below)

Spouses Name: _____ Spouse's Social Security: _____ Spouse's Phone: _____

QSBC Member: Yes No Referred By: _____ Employed/Where: _____

ASSISTANCE REQUESTED: FOOD PANTRY _____ CHILDREN'S CLOTHING CLOSET _____ (Sizes Newborn to Size 10)

HAVE YOU RECEIVED FOOD OR CLOTHING ASSISTANCE? _____ IF SO, WHERE AND WHEN? _____

CHILDREN IN THE HOME

Name: _____ Birthdate: _____ Age: _____ Clothes Size: _____ Shoe Size: _____

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In Computer Tracker Appointment _____ L/M _____ Posted _____

GO TO THE OTHER SIDE TO APPLY FOR UTILITY ASSISTANCE