

Request for One Time Assistance Form
GOOD FRIENDS
of georgetown county

Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip: _____ County: _____

Home/Cell Phone: _____ Work Phone: _____ Male _____ Female _____

Email address: _____

Funding Amount Requesting: \$ _____ Utilities Rent Other: _____

Nature of Crisis/Reason for Need: _____

Financial plan going forward so that you are not in the same financial situation _____

Documentation Needed from Client:

- Identification (Note: Must be a Georgetown County Resident)
- Bill/Invoice/Past Due Notice
- Supporting Documentation (Incident Report, Unemployment Documentation, Disability Forms, Medical Documents, Etc.)

Return to: GFriendsGT@gmail.com

Approved By: _____

Payable to: _____

Check Number and Date _____

Documentation

The more information you can provide, the better chance the request will be approved by the committee

- 1) Proof of income:
 - * Social Security statement OR
 - * Last 2 paychecks
 - * Food stamp documentation
- 2) Copy of license or SC ID
- 3) Letter that includes:
 - why you need help
 - what you need help for
 - your plan for next month so you aren't in the same financial situation
- 4) Copy of the actual bill for which you are requesting help
- 5) Documentation of the crisis or emergency - **examples**
 - * Medical bills
 - * Death certification
 - * Pictures of car wreck and bills
 - * Repair bills (ex water leak)
 - * Copy of the police or fire department report (domestic abuse, fire, car wreck, etc.)
 - * Lease for rent