Mount Carmel Community Chest

The Mount Carmel Community Chest is a non-profit organization that provides limited financial assistance to Mount Carmel residents who have lost their source of income due to an unexpected occurrence. If you need assistance, please fill out the Application for Assistance and return it to:

Mount Carmel Community Chest
PO Box 1557
Mount Carmel, TN 37645

After your application has been received and reviewed by the committee members, someone from the Mount Carmel Community Chest will contact you. Please keep in mind that The Town of Mount Carmel does not govern the decisions of the Mount Carmel Community Chest. The Community Chest is a group of dedicated volunteers that donate their time to provide assistance to those in need in their community.
Application for Assistance

Instructions: Complete all pages of this form attach a copy of the bill or other or other documentation to support the request, place in envelope, add postage and mail to the address above. Total of $500.00 per year, per family or household-Effective January 1, 2013

Case Number ___________ Assigned by M. C. C. C.

Date _______________

1. Applicant's Name ____________________________________________
   Phone_____________________

2. Mailing Address______________________________________________

3. Street Address _______________________________________________

4. List all persons living in household and relationship to head of household:

5. List names of children, ages and school attending:

6. If 18 years of age: List names of present employer: List names of previous employer:

7. Own home or rent? _______________________

8. If rent, name of owner and owner's phone number: ______________
   _____________________________________________________________

9. List all vehicles owned including motorcycles: __________________
   _____________________________________________________________
10. List all current obligations, debts, utilities, etc. and monthly amounts for each
________________________________________________________________________

11. List all money or aid now receiving (Social Security, SSI, Child Support, Food Stamps, etc.)
________________________________________________________________________

12. Is anyone in household under continuous medical care? _______________

13. Has anyone in the family or residence applied to the Community Chest before? If Yes, when? ____________

14. Total amount needed? _______________________

15. Explain type of help needed in detail: ______________________________

16. Billing Account Number for requested invoice or bill: __________________

I ____________________________ do hereby authorize the Mount Carmel Community Chest to investigate my claim and any or all information in this application.

References include name and phone number:
1  __________________________________________________________
2. __________________________________________________________

DO NOT WRITE BELOW THIS LINE

For Mount Carmel Community Chest Investigation use:
Case Number: __________

Approved: ________________ Date: ________________
Check Number: ______________ Amount: ______________
Disapproved: ______________ Date: ________________

Mount Carmel Community Chest P. O. Box 1557 Mount Carmel, TN 37645