

**DEREK ANTHONY MOORE CHARITY, INC. (DAMCI)**

**REQUEST FOR ASSISTANCE FORM/ APPLICATION**

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widow \_\_\_\_\_ Widower

Please provide Parent/ Guardian Income Information:

Family Size: \_\_\_\_\_ Males \_\_\_\_\_ Females \_\_\_\_\_ Children \_\_\_\_\_ Total

Total Monthly Income: \$ \_\_\_\_\_  
Source: \_\_\_\_\_ Employment \_\_\_\_\_ SSI \_\_\_\_\_ Public Assistance \_\_\_\_\_ Other

Briefly Describe the Problems you are having:

\_\_\_\_\_  
\_\_\_\_\_

After solving this problem, briefly describe actions you will take to prevent the problems from happening again:

\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true to the best of my knowledge:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Verification: \_\_\_\_\_

Date: \_\_\_\_\_

Approve For: \_\_\_\_\_

Approved by: \_\_\_\_\_

Denied: \_\_\_\_\_

Reason Denied: \_\_\_\_\_