



# APPLICATION

**GOOD SHEPHERD**  
Catholic Community

1000 Tinker Rd. Colleyville, TX 76034  
817-421-1387 www.gsc.net

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

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:  Male  Female

Address: (Street, City, State, ZIP)

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

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

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**Household Information: Please list all people who reside in your home with you**

Last Name, First Name	Relationship

**What are your monthly expenses?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Rent/Mortgage - \$ _____ | <input type="checkbox"/> Utility - Water - \$ _____    | <input type="checkbox"/> Other: _____ - \$ _____ |
| <input type="checkbox"/> Groceries - \$ _____     | <input type="checkbox"/> Utility - Electric - \$ _____ | <input type="checkbox"/> Other: _____ - \$ _____ |
| <input type="checkbox"/> Fuel - \$ _____          | <input type="checkbox"/> Utility - Nat. Gas - \$ _____ | <input type="checkbox"/> Other: _____ - \$ _____ |
| <input type="checkbox"/> Insurance - \$ _____     | <input type="checkbox"/> Other: _____ - \$ _____       |  |
| <input type="checkbox"/> Medications - \$ _____   | <input type="checkbox"/> Other: _____ - \$ _____       |  |

**Total Monthly Household Expenses: \$ \_\_\_\_\_**

**What is/are your monthly source(s) of income?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Salary/Wages - \$ _____ | <input type="checkbox"/> Unemployment - \$ _____ | <input type="checkbox"/> Child Support - \$ _____ |
| <input type="checkbox"/> Food Stamps - \$ _____  | <input type="checkbox"/> SSI - \$ _____          | <input type="checkbox"/> SSDI - \$ _____          |
| <input type="checkbox"/> TANF - \$ _____         | <input type="checkbox"/> Retirement - \$ _____   | <input type="checkbox"/> Alimony - \$ _____       |
| <input type="checkbox"/> Workers Comp - \$ _____ | <input type="checkbox"/> Subsidized Housing      |   |
| <input type="checkbox"/> Other: _____ - \$ _____ | <input type="checkbox"/> Other: _____ - \$ _____ |   |

**Total Monthly Household Income: \$ \_\_\_\_\_**

**Good Shepherd Senior Relief Fund Application**

Have you experienced a financial hardship (such as a loss of income or significant medical expenses) in the past year?  
If so, please explain.

Have you previously received financial assistance from Good Shepherd or Catholic Charities?  Yes  No  
If so, was it during the past 4 months?  Yes  No

Please explain what assistance you received (value and form of assistance – check, gift card, etc.) and why it was needed.

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I certify (promise) that the information provided on this form is true and that I included all income and expenses. I understand that if asked I can and will provide supporting documentation to Good Shepherd including, but not limited to, bills and invoices, pay stubs, SSI and/or award letter.

\_\_\_\_\_  
Signature of Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Household Member

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My signature below indicates that I have verified the client's identity via photo ID and that the client's household income is within 200% of the current Federal Poverty Limit.

\_\_\_\_\_  
Parish Representative Signature

\_\_\_\_\_  
Date

***For Office Use Only***