



Mothers On a Mission Inc.

M.O.M Crisis Fund Application

Purpose: The M.O.M Crisis Fund provides short-term, emergency support to single mothers with dependent children under the age of 18 that are experiencing a financial hardship resulting from a sudden, severe, or overwhelming and unexpected event that is beyond their control. (*i.e House burned down, emergency relocation due to domestic violence, serious illness of applicant/dependent, etc.*) The event results in significant pressure on the family's financial resources.

****All questions must be answered for consideration of application.****

General Information

Name: _____

Age: _____

Last 4 of SSN: _____

Address (Street, City, Zip): _____

Phone: _____ - _____ - _____

Email: _____

What is your highest level of education? _____

What is your mode of transportation? Walk _____ Car _____ Public Transportation _____

Marital Status: Single: _____ Married: _____ Divorced/Separated: _____

Other Household Members:

Name	Age	Relationship to Applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____



Mothers On a Mission Inc.

Income/Public Assistance

What is your annual family income? \$_____

Food Stamps (monthly) \$_____

WIC (yes or no) _____

Child Support (monthly) \$_____

Does you receive bill pay assistance? Yes___ No___

If yes, which organization(s): _____

EXPENSES

Total Monthly Expenses \$_____

Explanation of Crisis:

Referral Source: Friend _____ Family _____ Internet/Social Media _____



Mothers On a Mission Inc.

I understand the questions on this application and I authorize agency representatives to verify this information with any authorized agency or individual as needed.

Signature _____ Date _____

Mail or **Email** completed and signed application with requested documentation to:

M.O.M (Mothers On a Mission), Inc.

P.O Box 292481 Columbia, SC 29229

Motheronamission1@gmail.com