



PILGRIMREST

MISSIONARY BAPTIST CHURCH

DR. CARLOS D. WILLIAMS, Senior Pastor

All Applicants please provide the following:

1. Copy of Social Security Card []
2. Copy of Driver's License []
3. Copy of Lease Agreement (1st page and Signature page only) []
4. Income Verification - Latest check stub or AFDC (Certification of Amount Received) or Certification of unemployment received. []
5. Copy of bill requiring assistance (Utility Bill & Rent or Landlord Statement. []
6. Copy of Reason Assistance Required - (Example: Medical Emergency or Medical Bill) any correspondence that supports your request for assistance. []

Incomplete data will result in denial of application.

Disclaimers: Written consent limitations may be placed on referrals and/or services you may be eligible to receive. You may withdraw this agreement/consent at any time in writing, except to the extent that action has already been executed. Your information will also be placed in a database that services other agencies.

I agree to participate in counseling sessions to help improve my financial housing, employment, or other circumstance of need. I understand staff counselors may be necessary for the counselor to discuss your information with representatives of other organizations or agencies, as it is necessary to seek a solution to my problem.

Client Signature _____ Date: _____

Spouse Signature _____ Date: _____

(Required documents can be emailed to: crisiscenter@pilgrimrestdallas.org. Please make sure email references your completed form) If email is unavailable, you may drop the forms off at the church or the crisis center during operating hours.

1819 N. Washington Avenue ▪ Dallas, TX 75204 ▪ (214) 823-7308 ▪ Fax (214) 823-9720

www.pilgrimrestdallas.org

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