

CITY OF WAYNE
3300 S. WAYNE



GOODFELLOWS, INC.
WAYNE, MICHIGAN 48184

EMERGENCY ASSISTANCE APPLICATION

APPLICANT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

If no phone how can you be reached? _____

HOW MANY IN FAMILY NEEDING HELP _____

NAMES & AGES: _____

WHAT IS YOUR NEED?

REASON FOR REQUESTING ASSISTANCE

Signature of Applicant

Date

The purpose of this assistance is to provide short term, emergency aid to individuals whom reside in the City of Wayne and have had a catastrophic event occur in their lives which prohibits them from providing for themselves in the short term, i.e. house fire, flood etc. Each application will be given individual consideration based on need.

Approved by: _____

Two Goodfellow Board Members

Date