

HOWARD COUNTY GENERAL ASSISTANCE
APPOINTMENT SHEET

DATE: _____

NAME: _____
(Please list all names that you have used maiden, married, etc.)

ADDRESS: _____

PHONE/CONTACT NUMBER: _____

Have you or anyone in your household ever applied with General Assistance: YES ☐ NO ☐ If YES, whom & when? : _____

Have you or anyone in your household contacted any other Social Services offices for assistance? YES ☐ NO ☐
If YES, which agencies, when & whom applied? : _____

Combined household income? : _____ Number of people living in household? : _____
Monthly gross salary: \$ _____

What type of assistance are you seeking (Please provide proof)? :

Assistance with eviction notice?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Assistance with electricity disconnection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Assistance with gas disconnection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Assistance with water disconnection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Assistance with medications?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Assistance with Other?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Are you being threatened with eviction or utility shut off? YES ☐ NO ☐

If so when? : _____

Please explain your situation to better understand your circumstances: _____

I certify that the information provided on this form is true and correct to the best of my knowledge. Any willful misrepresentation of the information on this form is subject to penalty of law. I authorize the agency processing this form to verify the information given above.

Please sign your name