

**GALVESTON COUNTY**

**APPLICATION FOR SERVICES**

[Tashonda.edwards@co.galveston.tx.us](mailto:Tashonda.edwards@co.galveston.tx.us)

(409) 770-5585 (409) 621-7984 FAX

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

\*Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Emergency \_\_\_\_\_

Marital Status: Married Single Separated Divorced Widowed Common Law Sharing Residence

Head of Household \_\_\_\_\_

\*Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

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

Who referred you to Galveston County Social Services? \_\_\_\_\_

**Additional Family Members in Household:**

Last Name	First Name	Age	Relationship	Social Security #	Date of Birth

1. Verification of Galveston County Residency (Specify): \_\_\_\_\_

2. How long have you lived in Galveston County? \_\_\_\_\_

3. Name of Apartment Complex \_\_\_\_\_ Rent: \$ \_\_\_\_\_/month

Landlord's/Manager's name: \_\_\_\_\_ Phone Number \_\_\_\_\_

4. Check and List Income/Benefits that all household members received **in the past 30 days.**

Source of Income	Gross Amount of Income Received
Wages	
Social Security	
Supplemental Social Security (SSI)	
AFDC	
Food Stamps	
Child Support	
Unemployment	
VA Benefits	
Worker's Compensation	
Pension	
Annuity	
Grants	
Military Allotment	
Relatives	
Training	
Settlement	
Loans from Lawyers	
Survivor's Benefit	
Other (List)	

5. List all cars or trucks owned by family members

Year	Make	Model	Condition

6. Did something happen unexpectedly this month to you or your family that caused a financial problem? \_\_\_\_\_

If yes, please Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. What type of assistance do you need? \_\_\_\_\_

I solemnly swear (or affirm) that the information included on this form is true to the best of my knowledge.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**