

**St. Vincent DePaul Society**  
**St. Frances Xavier Cabrini Parish Conference**

**Application for Assistance**

**(Applicants must reside in the northeast area of Rochester, within parish boundaries)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Alternate phone number, or way to reach you \_\_\_\_\_

Please list the name, age, and income of individuals living at the address listed on this application:

Name	Age	Income
------	-----	--------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please attach proof of your income. For example: a copy of your tax return, social services budget letter, pay stub, food stamps, savings, investments.**

Please list your current monthly expenses. For example: rent (\$500.00), utilities (\$125.00), food, car payments, school expenses, insurance, etc.

_____
_____
_____
_____
_____
_____

**Please attach a copy of your rent and utility bills.**

What is your current need:

_____
_____
_____
_____

Please tell us who referred you to our agency: \_\_\_\_\_

Please send your application to: **St. Vincent DePaul Society**  
**c/o St. Francis Xavier Cabrini Parish**  
**124 Evergreen Street**  
**Rochester, NY 14605**

**APPLICATIONS SUBMITTED WITHOUT FINANCIAL DOCUMENTATION WILL NOT BE CONSIDERED**

If you have any questions, please call the Society, at 338-2330

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Please use an additional page if you have more information for us.**

**St. Vincent DePaul Society**  
**St. Frances Xavier Cabrini Conference**  
**124 Evergreen Street**  
**Rochester, NY 14605**

Dear Applicant,

Please complete the application on the reverse side and return it to us at your earliest convenience.

Please note that the application now requires you to provide us with proof of income, which includes: a copy of your tax return, Social Service budget letter, Social Security income letter, pay stub, savings statement, or investment statement.

***DO NOT INCLUDE ORIGINAL DOCUMENTS. PROVIDE US WITH COPIES ONLY, AS WE ARE UNABLE TO RETURN DOCUMENTS.***

**All applicants must reside in the northeast area of Rochester, within the St. Frances Xavier Cabrini parish boundaries.**

Applications are processed on a first come, first served basis. Rest assured that your application will be processed in a timely manner, and we will make every effort to contact you following its review. If you have any questions, do not hesitate to contact us. Our contact information is listed on the application. God bless you.

In Christ,

St. Vincent DePaul Society



**The Society of St. Vincent de Paul**  
**Authorization for Release of Confidential Information**

In consideration of the services to be undertaken or rendered on my behalf by the Society Vincent de Paul, its members, agents or affiliated organizations (hereinafter referred to as "SVDP"), I, the

undersigned \_\_\_\_\_, hereby authorize SVDP to receive, from any and all sources, and to release to any person or organization, any confidential information regarding me which may be necessary or useful to SVDP in relation to the services to be rendered. I hereby release SVDP from all liability in any way related to the receipt and/or release of said confidential information. I further understand that the release of this information does not guarantee that assistance will be provided, but that without such information my case cannot be presented to the Conference/ Council for consideration.

\_\_\_\_\_  
"SVDP"

\_\_\_\_\_  
Date

\_\_\_\_\_  
"Undersigned"

\_\_\_\_\_  
Date

**This release is effective for a period of sixty (60) days after Undersigned signature date.**