

Town of Conway General Assistance Quick Application Form

Today's Date:			
Name:			
Name:			
Physical Address:			
Mailing Address:			
Cell Phone:	Home:	Msg:	
Email:			
Household members			
Name	Date of Birth	Age	SS#
Reason for Visit: Advocacy Information Other:			
Amount needed:			
Name/Ph/Address of Vendor to pay:			
Explanation of circumstances:			
<p>I understand that I am applying for a one-time, federal grant administered by the Town of Conway General Assistance office. These federal funds are designated for the purpose of preventing, responding to or recovering from COVID 19. Assistance is limited and will not be renewed at any time now or in the future. Repayment is not expected now or in the future. I certify that the information contained in this application is true to the best of my knowledge and belief. I am giving the welfare director/designee permission to communicate freely for the purpose of assisting me out of these funds.</p>			
Date:		Signature:	
Date:		Signature:	
This request was received by BJ Parker/covering GAO on			
		at	AM/PM.

