



## *Giving in Love, Inc.*

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Dear Prospective Client,

Thank you for looking to Giving in Love, Inc. to assist in your journey of life as a woman. We take our role seriously in assisting you along your journey. If you ever have questions, concerns, or comments, please don't hesitate to let us know.

To help us determine if you are eligible for our services, please complete this application and submit the required identity and income documentation. Use the charts on the next pages as a guide to the documents that you should submit. Please make sure you make copies of all official documents for submission. Official documents must be either originals or copies certified by the issuing agencies. Once this application is completed be sure to call us at (912) 388-1658 or mail it to us at:

Giving in Love, Inc.  
2126 E. Victory Dr., #236  
Savannah, GA 31404

Thank you,

Giving in Love, Inc.



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## **What is needed**

One item from the Identity Chart and from the one item from the Income Chart.

<b>Identity Chart</b>
These documents establish identity only:
-- A state-issued driver's license (within the United States) with a photograph of the individual or other identifying information of the individual such as name, age, sex, race, height, weight or eye color,
-- An identification card issued by the Federal, State, or Local government (within the United States) with a photograph of the individual or other identifying information of the individual such as name, age, sex, race, height, weight or eye color,
-- A United States Military card, Draft record or Military dependent's identification card,
-- A United States Coast Guard Merchant Mariner card,
-- A Native American Tribal document or Certificate of Degree of Indian blood or other United States American Indian/Alaskan Native tribal document (must have photograph or identifying information).

<b>Income Chart</b>
-- Copy of your two most recent pay stubs that show year-to-date earnings.
-- If self-employed, most recent quarterly or year-to-date profit/loss statement. For a sample profit/loss statement with definitions of commonly used terms please refer to: <a href="#">sample profit and loss statement.pdf</a>
-- If receiving social security, veteran's benefits, disability or death benefits, pension, adoption assistance, public assistance, or unemployment: -- Copy of benefits statement or letter from the provider that states the amount, frequency and duration of the benefit, or -- Two most recent bank statements showing receipt of such payment.
-- If receiving, alimony or child support as qualifying income*: -- Copy of divorce or other court decree; or separation agreement or other written agreement filed with the court that states the amount and period of time over which it will be received, or -- Two most recent bank statement showing receipt of such payment.
* You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered.
-- Persons over 18 without any income, an explanation of how expenses have been met.



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## **Qualification Form**

Date \_\_\_\_\_

File Status: New \_\_\_\_\_ Updated \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Type: Home \_\_\_\_ Cell \_\_\_\_ Work \_\_\_\_

E-mail Address \_\_\_\_\_

Pregnant: No \_\_\_\_\_ Yes \_\_\_\_\_ Due Date \_\_\_\_\_ Baby's Sex \_\_\_\_\_

**Please complete the requested information below for all adult members in household including yourself.**

Name	Relation	Age	DOB	Race	Sex M or F	Employed Y or N

**Please complete the requested information below for all children in household. Continue on the back if needed.**

Name	Age	DOB	Sex M or F	Pants Size	Shirt Size	Dress Size	Shoe Size



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Monthly Family Income or Support – Check all that apply.

Source	Amount	Pending Application	Source	Amount	Pending Application
Wages			Wrkmns. Comp.		
TANF			WIC		
SSI Disability			Food Stamps		
Social Security			Child Support		
Pension			Foster Care		
Unemp. Comp.			Other (            )		

Total Monthly Income: \_\_\_\_\_

If you were eligible for donations from Giving in Love, Inc., would you have reliable transportation to pick-up the donations?    Yes \_\_\_\_    No \_\_\_\_

Describe the immediate needs that bring you to Giving in Love, Inc. Please specifically describe each need in detail.

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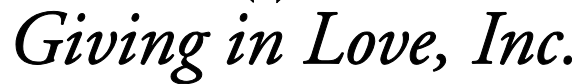
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Services will be provided without discrimination because of race, age, color, religion, sex, handicap, national origin or ancestry. This agency is requesting information necessary to comply with the requirements of the funders and government. The information on this form will be kept confidential but may be shared with other agencies to which you may be referred for services. In addition, disclosure of the information will be provided to the funders (upon their request) for the purposes of better planning and delivery of services to the community. Refusal of disclosure of your information may prevent you from receiving any of the services of Giving in Love, Inc.

I hereby certify that the above information is correct and true to the best of my knowledge. I certify that I have not purposely withheld any information that might adversely affect my chances for qualifying for assistance from Giving in Love, Inc. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure assistance can be grounds for rejection of my application or, if I begin receiving assistance, terms for my termination of any future assistance. I give my consent to this agency to make any necessary contact to verify statements made by me. I have the right to correct, update, or delete any portion of my information at any time.

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Date

Date \_\_\_\_\_

Date Application Received	_____	By _____
Date All Verifying Forms Received	_____	By _____
Date Application Approved	_____	By _____
Date Application Rejected	_____	By _____
Reason for Rejection	_____	



# *Giving in Love, Inc.*

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## **Liability Release Form**

This liability release serves as an agreement between you, the client of Giving in Love, Inc. and Giving in Love, Inc. to release Giving in Love, Inc. from any and all liability for personal injuries including death and personal and/or property losses or damage in connection with any donation received from Giving in Love, Inc.

This Agreement may only be changed by mutual agreement of authorized representatives of the parties in writing.

By signing this agreement, you agree and do hereby release from all liability and hold harmless Giving in Love, Inc. and all of its board members, employees and volunteers representing or related to the Giving in Love, Inc., which occurs as a result of any donation accepted.

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Client's Printed Name

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Client's Signature

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Date



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## **Photo Release Form**

I grant to Giving in Love, Inc. the right to take photographs of me and my family in connection with any exchange of goods as well as events and activities hosted by Giving in Love, Inc. I authorize Giving in Love, Inc., its assignees and transferees to copyright, use and publish the photo in print and/or electronically.

I agree that Giving in Love, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Printed name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)