



# RMM ASSISTANCE INQUIRY FORM

Resounding Minds Ministries  
*Recharging. Refocusing. Rededicating.*

## Resounding Minds Ministries Assistance Inquiry

First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

### I need assistance in:

(Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Food Pantry         | <input type="checkbox"/> Mental Health Assistance   |
| <input type="checkbox"/> Rental Assistance*  | <input type="checkbox"/> Financial Recovery Classes |
| <input type="checkbox"/> Utility Assistance* | <input type="checkbox"/> Spiritual Guidance         |

\*Rental Assistance & Utility Assistance applicants must complete one financial session before receiving funding.

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

\_\_\_\_\_  
**Signature of Applicant**

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

Please understand that applying for assistance does not mean that your application is approved. All applications are reviewed and are subject to the RMM approval guidelines.