



ACT – NOW (Advisory Community Team – Neighbors On Watch)



SHOP-WITH-A-COP PROGRAM
APPLICATION FOR ASSISTANCE
RELEASE OF INFORMATION

Applications must be submitted by November 24, 2025

Please complete the following information as it pertains to your request for assistance from the **Gerrish Township ACT – NOW Community Group**. ACT-NOW is a non-profit organization that works in cooperation with the Gerrish Township Police Department to benefit the people of Gerrish Township by promoting the preservation, appreciation and improvement of the physical, social and aesthetic qualities of all Gerrish Township neighborhoods through benevolent actions.

***Please mail or drop off the completed form to ACT-NOW c/o Gerrish Township Police Dept.
3075 E. Higgins Lake Drive, Roscommon, MI 48653***

PLEASE PRINT:

Applicant LAST NAME	Applicant FIRST NAME
Home PHONE NUMBER	Other PHONE NUMBER
ADDRESS (Include Apt. #, Lot #, PO Box)	CITY, STATE, ZIP
TOWNSHIP of Residency	COUNTY of Residency

Driving DIRECTIONS to your Home (List Major Cross Streets)
Source of INCOME (Employment, SSI, Retirement, Free School Lunches, Bridge Card/Food Assistance, WIC, Veteran's Benefits) OTHER: _____
INDICATE TOTAL HOUSEHOLD GROSS INCOME (Check One): ☐ \$5,000 - \$20,000 ☐ \$35,000 - \$50,000 ☐ Over \$65,000 ☐ \$20,000 - \$35,000 ☐ \$50,000 - \$65,000
Has any household member recently lost their only source of income? If yes, who and what was the date of last pay check received?

What is the total amount you pay for your monthly rent or mortgage payment? \$ _____

Do you pay for heat? YES NO (Circle one) If so, how much per month (Average) \$ _____

Please check what other monthly utilities you pay along with monthly amounts:

☐ Electric \$ _____ ☐ Water/Sewer \$ _____ ☐ Telephone \$ _____ ☐ Cable/TV \$ _____
☐ Other: \$ _____

Have you or a family member ever received assistance from ACT-NOW in the past?

YES NO (Circle one) If so, when and what for: _____

(OVER)

List EMPLOYER Names, Addresses and Phone Numbers for all Household Members:

<i>Employer Name</i>	<i>Address</i>	<i>Phone Number</i>
<i>Employer Name</i>	<i>Address</i>	<i>Phone Number</i>
<i>Employer Name</i>	<i>Address</i>	<i>Phone Number</i>

HOUSEHOLD MEMBER INFORMATION

NAME (Last, First)	MALE (Check Box)	FEMALE (Check Box)	AGE	SIZE *	Gift Suggestions * List type of toys, clothing or other gifts that each family member is requesting.

Are there any special needs in your family? (Dietary, Disability, Pregnancy, Illness, etc.)
Is there anything you need for the entire family? *

*** Complete these sections only if you are applying for the SHOP-WITH-A-COP Program**

Completion of this form does not guarantee receipt of a gift and if the form is not completed in full or there is falsification of information on the form, the application may be voided. The information on this form may be shared with the Executive Board members of ACT-NOW in order to grant any requests.

I swear that this form has been examined by or read to me, and to the best of my knowledge, the facts are true and complete. If I am a third party applying on behalf of another person or assisting another person, I swear that this form has been examined by or read to the applicant, and to the best of my knowledge, the facts are true and complete.

Signature of Applicant or Representative	Printed Name of Applicant or Representative	Date
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OFFICE USE ONLY:

Date Rec'd:	Date to Board:	Date Approved/Denied:
Approved by:	Denied by:	Date Applicant Notified:
Reason for Denial:		