

APPLICATION FOR ASSISTANCE

NAME: Click or tap here to enter text. SIGNIFICANT OTHER: Click or tap here to enter text.

ADDRESS: Click or tap here to enter text. CITY AND ZIP Click or tap here to enter text.

RACE: Click or tap here to enter text. DATE OF BIRTH: Click or tap here to enter text. SSN: Click or tap here to enter text. PHONE: Click or tap here to enter text.

NUMBER IN HOME: Click or tap here to enter text. NAMES OF CHILDREN: Click or tap here to enter text.

LANDLORD’S NAME AND NUMBER:Click or tap here to enter text. IS ANYONE A VETERN: Click or tap here to enter text.

EMPLOYER(S):Click or tap here to enter text. HAVE ***YOU*** WORKED IN THE LAST 30 DAYS: Click or tap here to enter text.

 *LIST EMPLOYER FOR EACH IN HOUSEHOLD*

ASSISTANCE REQUESTED: Click or tap here to enter text.

PLEASE LIST AGENCIES, ORGANIZATIONS, CHURCHES, OR INDIVIDUALS PROVIDING ADDITIONAL ASSISTANCE: Click or tap here to enter text.

DID SOMEONE REFER YOU HERE: IF YES, WHO Click or tap here to enter text. DO YOU RECEIVE WIC? Click or tap here to enter text. MEDICAL CARD Click or tap here to enter text. HOUSING ASSISTANCE Click or tap here to enter text. UTILITIES INCLUDED Click or tap here to enter text.

**HOUSEHOLD** *MONTHLY* **INCOME** (THIS SHOULD INCLUDE EVERYONE LIVING IN THE HOUSEHOLD)

|  |  |  |  |
| --- | --- | --- | --- |
| ***INCOME SOURCE*** | ***AMOUNT*** | ***INCOME SOURCE*** | ***AMOUNT*** |
| EMPLOYMENT #1 | $ Click or tap here to enter text. | SOCIAL SECURITY/SSI | $Click or tap here to enter text. |
| EMPLOYMENT #2 | $Click or tap here to enter text. | SS DISABILITY  | $Click or tap here to enter text. |
| UNEMPLOYMENT | $Click or tap here to enter text. | CHILD SUPPORT | $Click or tap here to enter text. |
| PUBLIC AID (CASH ASST) | $Click or tap here to enter text. | FOOD LINK CARD | $Click or tap here to enter text. |
| OTHER | $Click or tap here to enter text. | ***This box is for staff use*** | $ |

**HOUSEHOLD** *MONTHLY* **EXPENSES** (THIS SHOULD INCLUDE EVERYONE LIVING IN THE HOUSEHOLD)

|  |  |  |  |
| --- | --- | --- | --- |
| ***EXPENSE SOURCE*** | ***AMOUNT*** | ***EXPENSE SOURCE*** | ***AMOUNT*** |
| RENT/HOUSE PAYMENT | $Click or tap here to enter text. | FOOD (OUT OF POCKET) | $Click or tap here to enter text. |
| ELECTRIC/GAS/WATER | $Click or tap here to enter text. | TOBACCO | $Click or tap here to enter text. |
| LAUNDRY | $Click or tap here to enter text. | ALCOHOL | $Click or tap here to enter text. |
| TELEPHONE/CELL PHONE | $Click or tap here to enter text. | CLOTHING | $Click or tap here to enter text. |
| INTERNET | $Click or tap here to enter text. | ENTERTAINMENT | $Click or tap here to enter text. |
| CABLE/SATELLITE | $Click or tap here to enter text. | CREDIT CARD PAYMENT | $Click or tap here to enter text. |
| CAR (LOAN, INSURANCE, GAS) | $Click or tap here to enter text. | MEDICATION | $Click or tap here to enter text. |
| RENT TO OWN | $Click or tap here to enter text. | LOAN(S) | $Click or tap here to enter text. |
| PET EXPENSES | $Click or tap here to enter text. | PAPER/CLEANING/TOILETRIES  | $Click or tap here to enter text. |
| FINES | $Click or tap here to enter text. | OTHER | $Click or tap here to enter text. |
| CHILD SUPPORT | $Click or tap here to enter text. | ***This box is for staff use*** | $ |

Applicant statement: I certify that the information I have provided above is an accurate and complete disclosure of the requested information**. I understand that Heartline *could refuse services* if any of the information is deceitful.** I authorize this agency to verify the information and contact my utility/fuel supplier, landlord and/or other sources for verification or additional information and to exchange information contained in or otherwise used regarding my application and participation with Heartline.  I understand that filling out this application does not guarantee that my household will receive assistance.

Click or tap here to enter text.

­ Electronic Signature

Click or tap here to enter text.

 Date

Please email this form to Janet at Janet@heartlineandhearthouse.org

You will need to send a copy of your previous 30 day pay stubs and all proof of income and your current utility bill. If necessary, these could be photos.