



Today's Date: _____ Originating Organization: _____

Name (First, MI, Last):		DOB:	
Spouse/Partner Name:		DOB:	
Hm Phone:	Cell Phone:	Wk Phone:	
Current Address:			Apt #:
City:	State:	Zip:	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Emp.
Housing: <input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> homeless <input type="checkbox"/> other		Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> widowed <input type="checkbox"/> partnership	
Do you receive housing assistance? <input type="checkbox"/> Yes - amt/mo.: \$ _____ <input type="checkbox"/> No		Utility Assist.? <input type="checkbox"/> Yes - amt/mo.: \$ _____ <input type="checkbox"/> No	

<p>Please list all children below:</p> <p>Name: _____ Age: _____ DOB: _____</p> <p>Name: _____ Age: _____ DOB: _____</p> <p>Name: _____ Age: _____ DOB: _____</p> <p>Name: _____ Age: _____ DOB: _____</p> <p>Name: _____ Age: _____ DOB: _____</p> <p>Name: _____ Age: _____ DOB: _____</p>	<p>What is the nature of your need today?</p> <p><input type="checkbox"/> Rent Assist \$ _____ <input type="checkbox"/> Gas Assist \$ _____</p> <p><input type="checkbox"/> Electric \$ _____ <input type="checkbox"/> Prescription \$ _____</p> <p><input type="checkbox"/> Other (pls. specify) \$ _____</p> <p>Have you been helped by any other church? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Church: _____</p> <p>Name of Church: _____</p> <p>What assistance did they give you? _____</p> <p>What other needs do you have? <input type="checkbox"/> Prayer <input type="checkbox"/> Counseling <input type="checkbox"/> Food</p> <p><input type="checkbox"/> Bible Study <input type="checkbox"/> Financial Counseling <input type="checkbox"/> Home Visits <input type="checkbox"/> Bus Ticket</p> <p><input type="checkbox"/> Rides to Church <input type="checkbox"/> Daycare <input type="checkbox"/> Diapers <input type="checkbox"/> Salvation/Discipleship</p>
<p>Do you have a home church? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Church Name: _____</p> <p>How often do you attend? _____</p> <p>Have you applied for assistance at your home church? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did they help you? <input type="checkbox"/> Yes - amt/mo.: \$ _____ <input type="checkbox"/> No</p>	

Monthly Household Income Self:	Spouse/Partner:	Household Expenses:	Self Help Contacts:
Earned Wages: \$ _____	\$ _____	Rent/Mortgage: \$ _____	<input type="checkbox"/> Family \$ _____
Unemployment: \$ _____	\$ _____	Electricity/Gas: \$ _____	<input type="checkbox"/> Home Church \$ _____
SSI: \$ _____	\$ _____	Water/Sewer/Garbage: \$ _____	<input type="checkbox"/> St. Vincent's \$ _____
SSDI/ Disability: \$ _____	\$ _____	Car Payment: \$ _____	<input type="checkbox"/> Cath Comm Svcs \$ _____
Workman's Comp.: \$ _____	\$ _____	Car insurance: \$ _____	<input type="checkbox"/> Salvation Army \$ _____
Social Sec./Retirement: \$ _____	\$ _____	Medical Costs: \$ _____	<input type="checkbox"/> HopeLink \$ _____
Government (TANF/GAU): \$ _____	\$ _____	Daycare: \$ _____	<input type="checkbox"/> LifeSpring \$ _____
Pension: \$ _____	\$ _____	Phone: \$ _____	<input type="checkbox"/> 211 \$ _____
Child Support: \$ _____	\$ _____	Cable: \$ _____	<input type="checkbox"/> Red Cross \$ _____
Alimony: \$ _____	\$ _____	Credit Card Debt: \$ _____	<input type="checkbox"/> Other \$ _____
Food Stamps: \$ _____	\$ _____	Other Debt: \$ _____	<input type="checkbox"/> Other \$ _____
TOTAL MONTHLY INCOME \$ _____	\$ _____	Total Monthly Exp. \$ _____	Total Other Help \$ _____

Will you accept financial counseling? Yes No How will you pay this bill next month? _____

Are you willing to work within your abilities for the assistance you receive? Yes No

DOCUMENTATION & SIGNATURE(S) No request can be processed without ID and consent to verify circumstances from the primary applicant.

<p>Documentation:</p> <p>Picture ID: <input type="checkbox"/> saw it <input type="checkbox"/> copied, on file</p> <p>Income Verif.: <input type="checkbox"/> saw it <input type="checkbox"/> copied, on file</p> <p>Official Mail: <input type="checkbox"/> saw it <input type="checkbox"/> copied, on file</p> <p><i>(Utility bill, lease doc., evict. notice, etc.)</i></p> <p>Landlord Name: _____</p> <p>Landlord Phone: _____</p> <p>Utility Acct. #: _____</p> <p>Utility Acct. #: _____</p> <p><i>(Some organizations may require additional documentation in order to assist you.)</i></p>	<p>Consent & Signature:</p> <p>Your typed name (or written signature) in the space below represents your legal autograph and indicates your voluntary consent for the originating organization listed above to share any and all information contained in this application (including any other material(s) you have provided to support your request) with NW Hope-Net and its partner churches, as they deem necessary in order to reasonably verify, coordinate, and respond to your request for assistance, as well as to determine the extent, legitimacy and duration of your need.</p> <p><i>I certify that the information I have given in this application is true and correct to the best of my knowledge, and I authorize verification of my circumstances. In the case of digital submission of this form, I understand that by entering my name below, I am leaving my electronic signature. This signature is as binding as my physical autograph.</i></p> <p>Signed: _____ Dated: _____</p>
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