



Emergency Financial Assistance Application

DATE _____ Previous financial assistance from Hope Station? [] no [] yes When? _____

#1: NAME	#2: NAME (other adult in household)
ADDRESS	ADDRESS
CITY ZIP	CITY ZIP
TELEPHONE	TELEPHONE
DATE OF BIRTH	DATE OF BIRTH
[] SINGLE [] MARRIED [] SEPARATED [] DIVORCED	[] SINGLE [] MARRIED [] SEPARATED [] DIVORCED
SSN	SSN
OTHER ID	OTHER ID
EMPLOYMENT	EMPLOYMENT
APPLICANT'S CHILDREN/DEPENDENTS & AGES:	CO-APPLICANT'S CHILDREN/DEPENDENTS & AGES:

How did you hear about Hope Station Emergency Financial Assistance? _____

Needs: Food _____ Shelter _____ Rent/mortgage _____ Utilities _____ Medical _____ Transport _____

Other (Explain) _____

Amount requested: _____ Date needed _____

Where else have you applied for assistance? (Written confirmation required): _____

>>>> ADDITIONAL INFORMATION AND SIGNATURE(S) REQUIRED ON BACK. >>>>

HOPE STATION STAFF ONLY BELOW THIS LINE:

<p>OTHER AGENCIES CONTACTED:</p> <p>AGENCY NAME _____ STAFF NAME _____</p> <p>COMMENTS: _____</p> <p>AGENCY NAME _____ STAFF NAME _____</p> <p>COMMENTS: _____</p>	<p>APPROVED: [] YES [] NO</p> <p>COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>STAFF INITIALS: _____</p>
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Please explain the circumstances which created this emergency: _____

Please note: Documentation is required for all financial information listed below. Your application cannot be considered without written proof of the financial information you submit.

MONTHLY TOTAL HOUSEHOLD INCOME (LIST ALL INCOME)		MONTHLY TOTAL HOUSEHOLD EXPENSES (LIST ALL EXPENSES)	
EMPLOYMENT	\$	RENT/MORTGAGE	\$
DISABILITY/SSI/SSD/VA	\$	ELECTRICITY	\$
CHILD SUPPORT	\$	WATER	\$
FOOD STAMPS	\$	GAS/OIL	\$
WORK FIRST	\$	MEDICAL	\$
PENSION	\$	CHILD SUPPORT	\$
SOCIAL SECURITY	\$	AUTO	\$
UNEMPLOYMENT	\$	TELEPHONE	\$
WORKERS' COMP	\$	INSURANCE	\$
VETERANS BENEFITS	\$	OTHER	\$
OTHER	\$	OTHER	\$
OTHER	\$	OTHER	\$
OTHER	\$	OTHER	\$
TOTAL	\$	TOTAL	\$

If you are requesting a bill payment, please supply the following information.

Company Name _____ Phone (____) _____

Contact Person _____ Address _____

City _____ State _____ Zip _____

Account # _____

This information is correct and true to the best of my knowledge. I understand that if it is determined that I have submitted incomplete or false information this application will be denied.

By submitting this application, I agree that:

- Hope Station staff may share with and receive from partner agencies information that may help determine what assistance I may receive.
- Hope Station staff may enter this information into an electronic data base for tracking services provided to me.

SIGNATURE - APPLICANT #1

SIGNATURE - APPLICANT #2