

Helping Hand of the Heartland, Inc. Application for Assistance

Revised 1/25/06

PLEASE LIST ASSISTANCE NEEDED: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE/CONTACT PHONE: _____ MARITAL STATUS: _____

LIST EVERYONE STAYING IN THE HOUSE INCLUDING YOURSELF

Name	Age	Date of Birth	Race	Sex	Social Security Number	Disabled ? Circle one	Special Needs ?
						Y or N	Y or N
						Y or N	Y or N
						Y or N	Y or N
						Y or N	Y or N
						Y or N	Y or N
						Y or N	Y or N
						Y or N	Y or N
						Y or N	Y or N

Do you have a High School Diploma? _____ If the answer is no, do you have a GED? _____
 Are any disabled persons receiving financial compensation for the disability? _____

EMPLOYMENT INFORMATION: Full or Part Time (Circle One) Union or Non-Union (Circle One)
 EMPLOYER(s): _____

Are you employed by the company or a temp agency? Company/Temp Agency (Circle One)
 If you are not working, are you available to work? _____ If NO, please explain. _____

INCOME SOURCES:

EMPLOYMENT \$ _____	SOCIAL SECURITY \$ _____
FOOD STAMPS \$ _____	UNEMPLOYMENT \$ _____
K-TAPP (AFDC) \$ _____	SSI \$ _____
	VA \$ _____
	WORKMANS COMP \$ _____
	CHILD SUPPORT \$ _____
	OTHER \$ _____

MONTHLY EXPENSES:

RENT \$ _____	CELL PHONE \$ _____	GASOLINE \$ _____
LOT RENT \$ _____	FOOD \$ _____	CAR PMT. \$ _____
MORTGAGE \$ _____	PROPANE \$ _____	CAR INS. \$ _____
ELECTRIC \$ _____	KEROSENE \$ _____	HOME OWNERS INS. \$ _____
WATER \$ _____	TRASH \$ _____	RENTAL INS. \$ _____
GAS \$ _____	MEDICINE \$ _____	DIAPERS \$ _____
PHONE \$ _____	CABLE \$ _____	CHILD CARE \$ _____
	OTHER \$ _____	CHILD SUPPORT \$ _____

List charge accounts, loans, or one-time emergency expenses _____

Has any other agency or church assisted you recently? _____ If yes, please give the name of the agency/church and the type of assistance received. _____

I understand that I must provide all the information requested above in order to receive assistance.
 The information I have provided is true and correct to the best of my ability and knowledge.

SIGNATURE _____ DATE: _____