

APPLICATION DATE _____

APPLICATION FOR ASSISTANCE



APPLICATION CHECKLIST *(In order to properly review your application, please verify the following)*

You are:

- Employed
- A single mother
- Earning between \$33k–\$46K annually**

You live

- Davidson or Rutherford County

You have

- Proof of crisis
- Recent check stubs (one month)
- Mortgage/lease in your name (if seeking housing assistance)
- Not received benefits from Hope Station in the last 12 months

NAME _____ SSN (LAST FOUR) _____ DOB ____/____/____ AGE _____

ADDRESS _____ APT# _____ CITY _____ COUNTY _____ ZIP: _____

IS THIS ADDRESS PERMANENT TEMPORARY PHONE _____ EMAIL _____

OTHER ADULTS IN THE HOUSEHOLD:

NAME: _____ AGE _____ SSN (LAST FOUR) _____ RELATIONSHIP _____

NAME: _____ AGE _____ SSN (LAST FOUR) _____ RELATIONSHIP _____

CHILDREN IN THE HOUSEHOLD:

1) AGE _____ RELATIONSHIP _____ 4) AGE _____ RELATIONSHIP _____

2) AGE _____ RELATIONSHIP _____ 5) AGE _____ RELATIONSHIP _____

3) AGE _____ RELATIONSHIP _____ 6) AGE _____ RELATIONSHIP _____

EMPLOYMENT: FULL TIME PART TIME TEMPORARY UNEMPLOYED OTHER _____

NAME OF EMPLOYER (WE WILL NOT CONTACT) _____

MONTHLY INCOME:

TYPE	YOU	OTHERS
WAGES	\$	\$
SSI/SSDI	\$	\$
UNEMPLOYMENT	\$	\$
CHILD SUPPORT	\$	\$
RETIREMENT/PENSION	\$	\$
SOCIAL SECURITY	\$	\$
FAMILIES FIRST	\$	\$
OTHER	\$	\$
TOTAL:	\$	\$

WHERE ELSE ARE YOU SEEKING OR LOOKING FOR HELP?

- CHURCH
- FRIENDS/FAMILY
- LADIES OF CHARITIES
- SALVATION ARMY
- OTHER _____

APPLICANT'S ETHNICITY:

(for annual reporting purposes only)

- Black/African American
- White
- Hispanic
- Asian
- Middle Eastern
- Other _____

HOW DID YOU HEAR ABOUT US? #211 CHURCH FAMILY/FRIEND INTERNET SEARCH OTHER _____

APPLICATION FOR ASSISTANCE



TYPE OF ASSISTANCE REQUESTED: ELECTRIC WATER GAS RENT DEPOSIT OTHER _____

UTILITY ACCOUNT # _____ AMOUNT PAST DUE \$ _____ DISCONNECTION _____ (DATE)

NAME ON ACCOUNT _____ RELATIONSHIP _____

HOUSING: RENT OWN MDHA/SECTION8

PLEASE ANSWER THE FOLLOWING QUESTIONS TO BETTER HELP US UNDERSTAND YOUR SITUATION:

WHY DO YOU NEED HELP THIS MONTH?

HOW DO YOU NORMALLY PAY THIS BILL?

WHAT IS YOUR PLAN TO PAY THIS BILL NEXT MONTH?

- Whether this application is accepted or rejected, I understand that paying my utility bill is my responsibility.
- I understand that by filling out this application it does not guarantee my application will be approved
- I certify that all information given by me to Hope Station is true and correct to the best of my knowledge.
- I grant permission and authorize:
 - Hope Station may verify any and all information with creditors, landlords, or other social service agencies.
 - The information contained in my application may be shared with other social service agencies.
 - Non-identifying information contained in my application may be shared with organizations, businesses, or individuals that fund or otherwise have interest in Hope Station's assistance program.
- RELEASE OF LIABILITY:
To the fullest extent permitted by law, I hereby release and forever discharge and agree to indemnify and hold harmless Hope Station, Inc., its officers agents, employees, and volunteers from and against any and all liabilities, claims, demands or causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my application for assistance and/or related activities, whether due to negligence, mistake, or other action or inaction of Hope Station, Inc. or any other person or entity acting on its behalf.

SIGNATURE OF APPLICANT _____ **DATE** _____

FOR OFFICE USE ONLY

Application Rcv'd Date _____ Interview Date _____ Name of Intake Coordinator _____

Proof of Crisis Checkstub Lease (if applicable) Previous Recieipient Y/N Approved Y/N \$ _____