



Helping Hope, Inc.

The following information is needed to better serve you!

Picture ID/Driver's License

- Current driver's license
- Department of Public Safety ID card
- Current Passport

Social Security Card for each member or family

Verification of residence and housing cost

- Current rental contract, mortgage coupon/statement
- Section 8 documents
- Current report card or progress for school aged children for children's proof of residence

Proof of all current expenses

- Utility bills (water, gas, electric, phone, cable)
- Cell phone
- Car Payments/Insurance
- Medical Bills/Medical Insurance
- Child Care
- Credit Cards and Loans

Proof of Medicaid/Medicare/Chips

Proof of ALL current income

- Paycheck Stubs (last 30 days) including new and/or terminated income
- Unemployment Compensation Stubs
- Social Security verification
- Child Support
- TANF
Food Stamps
- Self-Employment Records
- Bank Statement showing deposits
- If income is private pay (house cleaning, landscaping, etc.) bring copy of checks

Documentation of Crisis

- Doctor's letter/bills, Hospital/Emergency Room Discharge Paperwork
- Police/Fire Reports
- Paid receipts for unusual expenses

Total House Monthly Income and Expenses

Income Type	Monthly Amount	Expense Type	Monthly Amount
Employment Wage 1		Housing	
Employment Wage 2		Electric	
Employment Wage 3		Gas	
Social Security		Water	
SSI		Landline	
Veteran's Disability		Cell Phone	
Retirement		Cable	
Food Stamps		Car Payment	
TANF		Gasoline	
Family		Auto Insurance	
Friends		Home Insurance	
Unemployment		Health Insurance	
Worker's Comp		Groceries	
Child Support		School Lunches	
Other Agencies		Medical	
Any other Income		Child Care	
		Child Support	
		Loans	
		Other	
Total Income		Total Expenses	

Please List Your Previous Address	How long/List Dates
1.	
2.	
3.	
Your Past Employment	Dates:
Place:	
Place:	
Place:	
Spouse/Roommate Past Employment	Dates:
Place:	
Place:	

Medical History:
Does anyone in your household need or receive medical/psychological assistance?
Does anyone have a chronic ailment?
Does anyone need psychological/psychiatric counseling?
Comments:
Education History:
What grade did you complete?
College:
Technical School:
Other Training:
Employment History:
Is anyone in your household unemployed due to disability?
Has anyone had difficulty keeping a job for more than one year at a time?
Is anyone in your household presently receiving services from any other agency? Within the past year?

To determine how we can assist you, please complete the following:

What is your need today?
What is the situation that has caused you to seek assistance?
What are your plans to prevent this from occurring again?
How will you pay for next month's rent/utilities?

I hereby authorize the release of the above information to Helping Hope, Inc. to receive the assistance I am requesting. I further certify the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of assistance/services; Helping Hope, Inc. may verify information on application; and that deliberate misrepresentation of the information will subject me to denial of assistance and services.

Signature

Date