

**Assistance Application**

The HandUP Foundation exists to give our neighbors a “hand up” toward independence

and stability.

*HandUP Foundation does not discriminate on the basis of race, color, age, gender, disability, or national origin.*

Upon acceptance into our program, you will have the opportunity to earn assistance credits toward your qualified need. Assigned work hours in the HandUP store or recycling center must be completed within thirty days of acceptance. Assistance awards are granted when work is completed.

 **\_\_\_\_\_\_\_\_\_ Place a check that you have read this. \_\_\_\_\_\_\_\_\_\_\_ Initials**

We are unable to assist with any of the following requests:

* Security deposits
* First month’s rent
* Refrigerators or stoves for rented apartments
* Furniture or beds if living in apartment for less than three months and/or have received assistance with paying for the first month’s rent.

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Data Date:\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant Name: Spouse Name:

Applicant Home Address:

Applicant Home Address

Current Marital Status (circle one): Single (never married) / Married / Separated / Divorced / Widowed

Applicant Date of Birth: / / Spouse Date of Birth: / /

Applicant Home Phone: Applicant Cell Phone:

Applicant E-mail Address:

Do you RENT / OWN your home? (circle one) Length at Home Address: MOS. / YRS. (circle one)

Is rent/mortgage payment up to date? (circle one) YES / NO

Are any other adults living in the home responsible to help pay the expenses? (circle one) YES / NO

Members Living in Applicant’s Household:

Name: Date of Birth: Relationship:

Name: Date of Birth: Relationship:

Name: Date of Birth: Relationship:

Name: Date of Birth: Relationship:

Name: Date of Birth: Relationship:

Name: Date of Birth: Relationship:

Name: Date of Birth: Relationship:

Name: Date of Birth: Relationship:

Do you have any pets? (circle one) YES NO If YES, how many?

If YES, what kind(s) of pet(s)?

Do you have relatives living within: 10 miles? 25 miles? 50 miles? 100+ miles?

If yes, Name of Relative(s): 1. 2.

Address of Relative(s): 1. 2.

 1. 2.

Telephone of Relative(s): 1. 2.

Reference(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant’s Landlord: Landlord Telephone:

Landlord Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assistance Requested**

Please be very specific as to what type of assistance you are requesting from the HandUP Foundation

(Example: Electric Bill $212.00)

To better help us serve you better, please explain your current situation in detail. (Example:What caused the situation? How have you tried to address it previously? Who is affected?

**Vehicle Assistance Requests Only:**

If **applying for a vehicle**, please list reason for need and the primary purpose for which the vehicle will be used (transportation to work, medical appointments, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently own a vehicle? YES / NO

[If YES, provide year, make, and model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

If **applying** **for vehicle repair**, list repairs needed:

Do you have an estimate? (circle one): YES / NO [If **YES**, provide garage name who gave estimate.]

Garage Name: Garage Phone:

**Home Repairs Requests Only:**

Type of home repair needed:

Financial Status (check only one) Labor Provisions (check only one)

\_\_\_\_\_\_1. I have full funding available for the repairs. \_\_\_\_\_\_1. I have skilled volunteers to help.

\_\_\_\_\_\_2. I have partial funding available. \_\_\_\_\_\_2. I have unskilled, but willing volunteers.

\_\_\_\_\_\_3. I do not have any funding at all. \_\_\_\_\_\_3. I do not have any volunteers at all.

**Food Assistance Requests Only:**

Have you ever received from a Food Pantry/Bank? (circle one) YES / NO If yes, which one?

Do you currently receive from a Food Pantry/Bank? (circle one) YES / NO If yes, which one?

If yes, When was the last time you received food from them?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List other agencies that have helped you within the past year, the months each agency assisted you and how they assisted (Ex. LIHEAP, November- $200): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List other agencies for which you have applied for assistance for this current situation:

Please list other agencies currently providing assistance and how they are assisting you:

**Applicant/Spouse Combined Asset Inventory**

Do you own a vehicle, boat, motorcycle, ATV, etc.? (circle one) YES NO How many?

Year: Year: Year:

Make/Model: Make/Model: Make/Model:

Amount Owed: Amount Owed: Amount Owed:

Do you have any retirement funds/savings? (circle one) YES NO How much?

Do you have other assets valued at $1,000.00 or more? (circle one) YES NO How much?

**Income and Expenses**

**(Please provide paperwork for all proof of income and expenses for the entire household.)**

**Applicant/Spouse Combined Monthly Expenses**

Rent/Mortgage: $

Electric: $

Telephone: $

Cell Phone: $

Gas/Oil: $

Water/ Sewer: $

Groceries: $

Internet: $

TV/Cable/Satellite: $

Credit Card(s): $

Child Support: $

Alimony: $

Auto Loan: $

Auto Fuel: $

Other Loan: $

Home Insurance: $

Health Insurance: $

Auto Insurance: $

Pet Expenses: $

Medical Bills: $

Fines: $

Other: $

**TOTAL COMBINED EXPENSES:**

**Applicant Monthly Income**

Employment: $

Retirement: $

Social Security: $

SSI: $

Unemployment: $

Cash Assistance: $

Child Support: $

Alimony: $

Pension: $

Food Stamps: $

Other: $

**Spouse Monthly Income**

Employment: $

Retirement: $

Social Security: $

SSI: $

Unemployment: $

Cash Assistance: $

Child Support: $

Alimony: $

Pension: $

Food Stamps: $

Other: $

**TOTAL COMBINED INCOME:**

Please list the total current amount owed toward each expense (this includes past due bills and fees incurred). :

Rent/Mortgage: $ Alimony: $

Electric: $ Auto Loan: $

Telephone: $ Other Loan: $

Cell Phone: $ Home Insurance: $

Gas/Oil: $ Health Insurance: $

Water/ Sewer: $ Auto Insurance: $

Internet: $ Pet Expenses: $

TV/Cable/Satellite: $ Medical Bills: $

Credit Card(s): $ Fines: $

Child Support: $ Other: $

**Applicant Employment History**

Employer (current or most recent):

Supervisor’s Name:

Start Date: / / End Date: / / Employer Telephone:

Job Duties/Responsibilities:

Reason for Leaving:

Employer:

Supervisor’s Name:

Start Date: / / End Date: / / Employer Telephone:

Job Duties/Responsibilities:

Reason for Leaving:

**Spouse Employment History**

Employer (current or most recent):

Supervisor’s Name:

Start Date: / / End Date: / / Employer Telephone:

Job Duties/Responsibilities:

Reason for Leaving:

Employer:

Supervisor’s Name:

Start Date: / / End Date: / / Employer Telephone:

Job Duties/Responsibilities:

Reason for Leaving:

I (We) certify, under penalty of disqualification, that I (we) have checked the information on this application, and that the statements made are true, correct, and complete to the best of my (our) knowledge and ability. I (We) certify that all income, expenses, and assets for this application have been reported on this application.

I (We), the undersigned, agree to allow HandUP Foundation (HUF) and its affiliated programs to use any images photographed for web site material, reports, promotional literature, and any other avenues to promote the organization.

I (We) authorize The HandUP Foundation to make any investigation concerning me (us) or other members of my household which is deemed necessary to determine program eligibility for any assistance and/or benefits I (we) have received or will receive under programs administered by The HandUP Foundation.

I (We) authorize the release of information requested by The HandUP Foundation or its representatives. I (We) authorize The HandUP Foundation to obtain and exchange information related to my application in order to participate in their programs. The release of information shall be in effect while I am (we are) an applicant or recipient of assistance and/or benefits.

I (We) agree to earning assistance credits with The HandUP Foundation in exchange for receiving assistance and/or benefits. I understand the credits must be earned and completed prior to receiving assistance and/or benefits.

 I (We) understand that upon notification of The HandUP Foundation’s decision regarding my application, I have ten (10) days to begin the process to receive assistance, which may include but not be limited to the following: providing additional information, scheduling an appointment, beginning a work assignment, beginning the terms of contract, if applicable, etc.) If I do not contact The HandUP Foundation within ten (10) days after I have been notified, I understand my application will be considered incomplete, and I will have to reapply for assistance.

Applicant Signature Date Signed

Spouse Signature Date Signed

In order to submit your application to be reviewed by HandUP,

you **must** provide the following paperwork:

1. Photo Identification (drivers license or state photo ID)
2. Proof of all household income (pay stubs, social security, unemployment, cash assistance, child support, alimony, pension, food stamps, etc.)
3. Proof of all expenses (rent/mortgage, electric, telephone, cell phone, gas/oil, water/sewer, internet, tv/cable/satellite, credit card(s), child support, alimony, auto loan, other loan, home insurance, health insurance, auto insurance, pet expenses, medical bills, fines, etc.)
4. Written statement from landlord saying rent is paid and up to date/proof mortgage is paid and up to date.
5. If you are currently receiving assistance from any other agencies, please provide this information as well.