

# APPLICATION FOR ASSISTANCE – PEOPLE HELPING PEOPLE

## Section I: Please Tell Us About Yourself

Name:	Phone Number:
Permanent Address:	City, State, Zip Code:
Social Security Number (last four digits)    ___    ___    ___    ___	

## Section II: What Type of Assistance Are You Requesting? (Please check appropriate box or boxes)

<input type="checkbox"/> Columbia Gas	<input type="checkbox"/> Water	<input type="checkbox"/> Eyeglasses	<input type="checkbox"/> Gasoline (car)	<input type="checkbox"/> Free clinic	<input type="checkbox"/> Kerosene/fuel oil
<input type="checkbox"/> Free clinic	<input type="checkbox"/> Rent	<input type="checkbox"/> Electricity	<input type="checkbox"/> Bus Tickets	<input type="checkbox"/> Other: (specify)	

## Section III: Please Tell Us About the Members of Your Household.

	Full Name	Date of Birth	Relationship to Applicant	Sex (check one)		Working? (check one)		In School? (check one)	
				Male	Female	YES	NO	YES	NO
1.			SELF						
2.									
3.									
4.									
5.									
6.									
7.									
8.									

## Section IV: What Assistance Does Your Household Receive? (check all that apply)

<input type="checkbox"/> Wages	<input type="checkbox"/> Social Security/SSI/Disability	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Child Support	<input type="checkbox"/> Other Retirement
<input type="checkbox"/> TANIF	<input type="checkbox"/> Sect 8 or Income-based Housing	<input type="checkbox"/> Food stamps(SNAP)	<input type="checkbox"/> Help from Family/Friends	

## Section V: Please Tell Us About Your Employment History.

Are you employed? YES / NO	If YES, state employer and length of employment.
If NO, are there special circumstances that prevent you from working?	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black;"/>	

**Section VI: Additional Information (for informational purposes only)**

Marital Status (check one)					
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> No Response
Ethnicity/Race (check all that apply)					
<input type="checkbox"/> Black/ African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Pacific Islander		<input type="checkbox"/> Asian	
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> No Response	
Military Service					
Are you a veteran of the United States Armed Service?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, what dates did you serve? From _____ to _____					

**Applicant Certification**

*I would like to receive assistance for which I am qualified. I certify that the income of all persons in my household (including myself) is accurate. I declare, to the best of my knowledge, that I am the only person living in this household (at the address I have listed) who has applied for People Helping People assistance. I understand that my signature on this form authorizes People Helping People to verify information stated on this form to assure eligibility for assistance.*

Applicant Signature: \_\_\_\_\_

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

**OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Income	Amount	Date Verified	Initials	Comments
Monthly wages (gross)				
Social Security/SSI/Disability				
Unemployment				
Child Support				
Other Retirement				
TANIF				
Sect 8/Income-based housing				
Food Stamps (SNAP)				
Help from family/friends				
<b>Total Monthly Income</b>				

Volunteer Comments:

Signature \_\_\_\_\_ Date \_\_\_\_\_