

# Donations from the Heart Inc. Food Assistance Program Application Form

Office Use Only
File# _____
Effective Date: _____

This Application is designed to collect specific information from applicants applying for Food Assistance Program in accordance with Section 26c of the Freedom of Information and Protection of Privacy Act (the FOI Act) If you have questions about the collection or use of your information, please call 1-855-4 WE GIVE (1-855-493-4483)

## SECTION- A. Applicant Information (Please Print Clearly)

Last Name	First Name	Middle Initial	Mrs. Miss	Mr. Ms.
Last Name	First Name	Middle Initial	Mrs. Miss	Mr. Ms.
Last Name	First Name	Middle Initial	Mrs. Miss	Mr. Ms.
Last Name	First Name	Middle Initial	Mrs. Miss	Mr. Ms.

## Mailing Address

Apt #	House /Bldg. #	Street Name
City	State	Zip Code

## Residential Address

Apt#	House / Bldg. #	Street Name
City	State	Zip Code

## Contact Information

Home Phone	Cell Phone	Work Phone
Email Address	Alternate Contact for Messages Name: Phone:	Emergency Contact Name: Phone:

## SECTION- B. Bank Information/Assets

Please list all assets held by you and/or spouse of applicable.

Type of Asset	Owner of Asset	Bank/ Financial Institution	Branch Location	Account Type
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Bank Accounts				
Term Deposits				
Bonds/Stocks/Shares				
Trust Funds/ 401K				
Other Assets/Cash				

**Section- C. Proof of Residency/Proof of Citizenship/Proof of Visa**

Applicant must be able to provide some form of proof that they have resided at current address for at least 6-12 months. If currently homeless, a letter or statement from shelter/housing authority or any private entity must be supplied.

How Long have you resided at your current address? \_\_\_\_\_  
 Please list your address for the past 12 months \_\_\_\_\_  
 Please list your address for the past 6 months \_\_\_\_\_  
 Are you a US Citizen? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF NO, can you provide proof of VISA? YES \_\_\_\_\_ NO \_\_\_\_\_

Please provide a list of former address if less than 12 months below

Addresses	From Date	To Date	Name of Landlord	Landlord Contact Number

**SECTION – D. Rent Information**

Your Current Monthly Rent <b>DO NOT INCLUDE UTILITIES OR DUES</b> _____  How Many Months are you past due? _____  Is your rent subsidized? YES _____ NO _____	Does Your Rent Include Utilities? YES _____ NO _____ If so, please list _____ _____ _____
Do you Live in a trailer or mobile home? YES _____ NO _____	If you reside in a trailer or mobile home do you own or rent? OWN _____ RENT _____

**SECTION – E Income Information/Monthly Expenses**

Please list all forms of income to include, SSI, disability, unemployment compensation, workman compensation, etc.

Are you currently unemployed YES \_\_\_\_\_ NO \_\_\_\_\_  
 If NO, have you or spouse earned any income within the past 12 month? YES \_\_\_\_\_ NO \_\_\_\_\_

List all current sources of income	Applicant/Gross Monthly Income	Spouse/Gross Monthly Income
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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing the above application, you acknowledge and certify that all the information is accurate and truthful. If any information is found to be false, your application will be denied. You also authorize Donations From The Heart Inc. to speak and correspond with any institutions to verify your information or to advocate on your behalf. A copy of this signed portion of your application will be submitted to any institution requiring such authorization for us to advocate on your behalf.

Donations from the Heart, Inc. assist qualified applicants based on funds available and individual/ everyone need. We do not discriminate and are here to serve all that Lord Jesus Christ will allow. The information within your application is required based on our ability to qualify every application. Please know that is information is kept confidential and is requested based on the Freedom of Information Act.

Applications are processed within 48-72 hours of receipt. Please indicate in the Note section, if you are within 30 days of an eviction or if there are extreme circumstances you would like us to know. We will do everything we can to help expedite processing your application; however, no guarantees can be made.

Please submit by fax or email to the following.

FAX: 1-855-663-0268

Email: [Info@donationsfromtheheart.org](mailto:Info@donationsfromtheheart.org)