

# Donations from the Heart Inc. General Assistance Application Form

Office Use Only
File# _____
Effective Date: _____

This Application is designed to collect specific information from applicants applying for Utility 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 1-855-493-4483 ext. 806.

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

Social Security Number NOT REQUIRED	Last Name	First Name	Middle Initial	Mrs. Miss	Mr. Ms.
Social Security Number NOT REQUIRED	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
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.

<p>How Long have you resided at your current address? _____</p> <p>Please list your address for the past 12 months _____</p> <p>Please list your address for the past 6 months _____</p> <p>Are you a US Citizen? YES _____ NO _____</p> <p>IF NO, can you provide proof of VISA? YES _____ NO _____</p>
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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**

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

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

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

<p>Are you currently unemployed YES _____ NO _____</p> <p>If NO, have you or spouse earned any income within the past 12 month? YES _____ NO _____</p>
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List all current sources of income	Applicant/Gross Monthly Income	Spouse/Gross Monthly Income
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3. Are the items you requesting for Children, eldercare, self, or other members of your family?
4. Are your other monthly bills not allowing room to cover the requested items in need?
5. Do you anticipate needing assistance in the future? Is there an ongoing need, if so please explain.
6. Please indicate they type of assistance requesting. Medical, Prescription Assistance, Eyeglasses, Wheel Chair, Walker, Cane, Rollator, Air Mattress, Food, Clothing, Furnishings, Utility, Child Care, Transportation, Veteran etc.... (Note: an additional application or additional information may be required for certain services. This form serves as a general request application.)

**NOTES:**

**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 and serve as an advocate on behalf of your area of need. Your signature serves as a release of information for Donations From The Heart to advocate on your behalf when such advocacy is needed. A copy of this signed portion of your application will be submitted when requested by any organization you need us to speak with.

Donations from the Heart, Inc. assist qualified applicants on the basis of funds available and each individual/ individuals 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 a crisis situation or any 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)