

Three Rivers' Helping Hands Community Foundation

Change for Life

1324 E. Main, PO Box 918. Linn, MO 65051
573-897-2251 or 1-800-892-2251

For Office Use Only

Application for Individual and/or Family

Incomplete applications will automatically be denied assistance.

To be complete, all 4 pages of this application must be submitted with your personal statement attached. Please type or print clearly with dark ink. The application deadline is the last day of each month.

REQUEST

- **Amount of Request:** _____
- **Date of Application:** _____
- **Please attach your personal statement to:**
 - 1) tell how the funds will be used, and
 - 2) explain the circumstances that have prompted your need of assistance.
- **Please attach appropriate bids/estimates/bills directly relating to your request.**

PERSONAL INFORMATION

- **Name of Applicant:** _____
Last First Middle
- **Address:** _____
Street or P.O. Box

City State Zip Code County
- **Do you OWN or RENT your home?** Own Rent _____
Date of Birth
- **Home Phone:** _____ **Work Phone:** _____
- **List other members of household, including children (If children, give age.):** _____

PERSONAL REFERENCES

- **Please give three references from persons other than relatives.** (References may not be given by a director or employee of Three Rivers Electric Cooperative or Three Rivers' Helping Hands Community Foundation.)
- 1. **Name:** _____ **Phone:** _____
Address: _____
Occupation: _____ **Relationship to Applicant:** _____
- 2. **Name:** _____ **Phone:** _____
Address: _____
Occupation: _____ **Relationship to Applicant:** _____
- 3. **Name:** _____ **Phone:** _____
Address: _____
Occupation: _____ **Relationship to Applicant:** _____

EMPLOYMENT INFORMATION

- **Is applicant currently employed?** Yes No
- **If not, *PLEASE EXPLAIN WHY*:** _____
- **Gross MONTHLY earnings** (include all employed members of the household): _____
- **Employment History of Applicant**
Employer #1 _____ Supervisor _____
Address _____ Phone _____
Dates of Employment _____ Salary/Wage _____
Employer #2 _____ Supervisor _____
Address _____ Phone _____
Dates of Employment _____ Salary/Wage _____
- **Employment History of Others in Household - Name** _____
Employer #1 _____ Supervisor _____
Address _____ Phone _____
Dates of Employment _____ Salary/Wage _____
Employer #2 _____ Supervisor _____
Address _____ Phone _____
Dates of Employment _____ Salary/Wage _____

OTHER ASSISTANCE

- **List other social service agencies (MOCA, HDC, etc.) you have contacted** (include name of person contacted):

- **Is individual or family receiving any other form of assistance or aid** (donations, insurance, etc.)? Yes No
- **If yes, please list:** _____

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Financial Statement

Date of this Statement _____

MONTHLY EXPENSES

Housing:	<input type="checkbox"/> Mortgage or <input type="checkbox"/> Rent payment	\$ _____
	Food	\$ _____
Utilities:	Electricity	\$ _____
	Gas	\$ _____
	Telephone	\$ _____
	Water & Sewer	\$ _____
	Other _____	\$ _____
Transportation:	Automobile Payments	\$ _____
	Gasoline	\$ _____
Insurance:	Home Owners/Renters Insurance	\$ _____
	Medical	\$ _____
	Life	\$ _____
	Automobile	\$ _____
Medical:	Doctors	\$ _____
	Hospital	\$ _____
	Medication	\$ _____
Charge Account	_____	\$ _____
Payments (specify):	_____	\$ _____
Loan Payments	_____	\$ _____
(specify):	_____	\$ _____
Real Estate Taxes	_____	\$ _____
Property Taxes	_____	\$ _____
Other Expenses	_____	\$ _____
(specify):	_____	\$ _____
	_____	\$ _____
TOTAL MONTHLY EXPENSES		\$ _____

MONTHLY INCOME

Total Gross Earnings for Household	\$ _____
Bonus, Tips & Commission	\$ _____
Social Security Benefits	\$ _____
Farm Income	\$ _____
Welfare (AFDC)	\$ _____
Food Stamps	\$ _____
Alimony	\$ _____
Child Support	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____

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ASSETS

● **Cash on Hand:**

Bank Name _____ Acct # _____ Checking Balance \$ _____
 Bank Name _____ Acct # _____ Checking Balance \$ _____

● **Real Estate** (list all property that you own, i.e. house, mobile home, acreage):

Property #1 _____ Amount Owed \$ _____ Market Value \$ _____
 Property #2 _____ Amount Owed \$ _____ Market Value \$ _____
 Property #3 _____ Amount Owed \$ _____ Market Value \$ _____

● **Other Assets** (Personal Property, Auto, Whole Life Insurance - include description):

#1 _____ Amount Owed \$ _____ Cash Value \$ _____
 #2 _____ Amount Owed \$ _____ Cash Value \$ _____
 #3 _____ Amount Owed \$ _____ Cash Value \$ _____
 #4 _____ Amount Owed \$ _____ Cash Value \$ _____

TOTAL ASSETS: \$ _____

LIABILITIES

● **Notes Payable & Mortgage** (list home loan, car loans, credit card debt, student loans) :

Loan #1 _____ \$ _____
 Lender Name & Address _____
 Loan #1 _____ \$ _____
 Lender Name & Address _____
 Loan #1 _____ \$ _____
 Lender Name & Address _____

● **Other Debt** (Taxes, Bills, Miscellaneous - Attach list if necessary):

Debt #1 _____ \$ _____
 Debt #2 _____ \$ _____
 Debt #3 _____ \$ _____
 Debt #4 _____ \$ _____
 Debt #5 _____ \$ _____
 Debt #6 _____ \$ _____

TOTAL LIABILITIES: \$ _____

The information contained in this statement is for the purpose of obtaining funding from Three Rivers' Helping Hands Community Foundation on behalf of the undersigned. Each undersigned understands that the information provided herein is used to determine grant funding, and each undersigned represents and warrants that the information provided is true and complete and that Three Rivers' Helping Hands Community Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. Three Rivers' Helping Hands Community Foundation is authorized to make all inquires they deem necessary to verify the accuracy of the statement made herein.

Please check box at right if you do NOT want the information contained in this application to be shared with other agencies that may help meet your needs.

 Signature of Applicant

 Date

 Signature of Spouse/Co-Applicant

 Date