



Please Allow Up to 14 days for processing.  
Date Received: \_\_\_\_\_

# Application For Assistance

**NOTE: For consideration, the applicant must complete the following:**

- Application for the appropriate assistance must be filled out completely.
- Submit all supporting documents, including a form of identification (e.g., government issued ID, resume, work experience, bills).

**Checks will not be made payable to the applicant.**

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

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you Military? Y/N

<b>Members in the Family</b>	
# of Adults:	Age(s);
# of Boys:	Age(s);
# of Girls:	Age(s);
Others:	Age(s);

Are you presently receiving assistance from any other agency? \_\_\_ Yes \_\_\_ No

Were you referred to NHCOS, Inc. by another agency? \_\_\_ Yes \_\_\_ No

Name of Organization: \_\_\_\_\_

If yes, name of organization(s): \_\_\_\_\_

**Services Needed**  
(check all that apply)

<b>Emergency Needs Program</b>	<b>Restorative Living Program</b>	<b>Workforce Development Program</b>
Food	Emergency Placement (Hotel)	Resume Writing
Clothing	Rental Assistance	Job Skills
Utility Assistance	Transitional Home Assistance	Referral
		Computer Lab

Please briefly describe your need for us so we may assist you better :

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

**Emergency Needs**

Utility Bill(s):

Total amount of your bill: \_\_\_\_\_ Do you have part of the money? \_\_\_yes \_\_\_no

Have you contacted any other organization(s) for help with this bill? \_\_\_yes \_\_\_no

If so, name of organization(s): \_\_\_\_\_

Response: \_\_\_\_\_ Have you received any monetary assistance? \_\_\_yes \_\_\_no

If yes, how much? \_\_\_\_\_ Did you receive a promise for assistance? \_\_\_yes \_\_\_no

Name of utility company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Account number (for payment purposes)? \_\_\_\_\_

How much is overdue? \_\_\_\_\_ What is the cut-off date? \_\_\_\_\_

Food

Provided Monday-Friday 11 am - 3 pm and Saturday 10 am -12 noon (except holidays)

Clothing

Distributed every 4<sup>th</sup> Saturday during Community Day 10 am -12 noon (exceptions may be approved by Executive Director)

**Workforce Development**

Are you presently employed? \_\_\_yes \_\_\_no

If yes, who is your employer?

If no, identify your job skills or previous employment.

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Do you have a resume? \_\_\_yes \_\_\_no

Computer Lab

Available Monday-Friday 11 am - 3 pm and Saturday 10 am -12 noon (use is by classes offered and by appointments only)

**Restorative Living**

*Rent/Mortgage/Hotel*

How much are your monthly/daily payments?

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What is the total amount overdue? \_\_\_\_\_

Do you have part of the money? \_\_\_yes \_\_\_no

If yes, how much? \_\_\_\_\_

Have you contacted any other organization(s) for help with this bill? \_\_\_yes \_\_\_no

If so, name of organization(s): \_\_\_\_\_

Have you received any monetary assistance? \_\_\_yes \_\_\_no

If yes, how much? \_\_\_\_\_ Did you receive a promise for assistance? \_\_\_yes \_\_\_no

Provide the contact information of your landlord/mortgage company (include name, address, and phone number): \_\_\_\_\_

**Income:**

Are you currently working? \_\_\_yes \_\_\_no

Employer: \_\_\_\_\_

Current salary: \_\_\_\_\_

Is anyone in your home working (yes/no)?

If yes, name(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Employer(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Salary(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Are you receiving any funds from Federal/State Agencies or any other income?  
\_\_\_yes \_\_\_no

If yes, identify the amount along with the name and address of agency(s)/sourcet:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**To be filled out by NHCOS office:**

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Action

Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initials: \_\_\_\_\_

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

### **Privacy**

By completing the application, I give authorization for my basic and personal information (including, but not limited to name, gender, birth date, ethnicity, and household configuration) to be shared with the programs under New Hope Community Outreach Services, Inc. (NHCOS, Inc.) and authorized staff in order to assist me in gaining access to services that I may need including housing, workforce development, employment, financial assistance, and counseling. I understand that as I receive services, additional information may be collected about me and entered into NHCOS, Inc. database system. My name and other identifying information will not be shared with any individual or agency not participating with NHCOS, Inc. (unless required to do so by law).