Application for Financial Assistance



Unfortunately, tragedies happen every day. The HOPE Fund is here to help but can only help in accordance to our bi-laws and mission. "The purpose of The Hope Fund of Penns Valley is to HELPING OTHER

provide short-term financial assistance to residents of the Penns Valley Area School District in times of medical emergency or personal disaster. The Hope Fund of Penns Valley is organized as a Christian based, non-denominational, and non-profit organization that relies on tax deductible contributions from the general public to assist in providing this community service."

If you believe that you meet the requirements of our mission, you MUST complete the ENTIRE four page Application and the Authorization to Use or Disclose Client Information Form. You can mail or e-mail the completed signed documents to the: *The HOPE Fund of Penns Valley, P.O. Box 427, Centre Hall, PA 16828 or pennsvalleyhopefund@gmail.com*

Once received, you will be contacted personally to discuss your situation in detail to verify the integrity of the application. That discussion will be presented to the Board of Directors who meets monthly to review each applicant's request to assure it meets the HOPE Funds Bi-laws and Mission.

We will always respect your request but unfortunately NOT all requests will meet our Bi-Laws and Mission!

It is IMPORTANT to note that this process can be lengthy therefore we recommend that you submit the ENTIRE completed four page Application & Authorization to Use or Disclose Client Information Form within 30 days of your need. Requests submitted without proper time allowance, detail, and accuracy MAY NOT be able to be processed by your noted deadline.

This form MUST be completed in its entirety to fully process this application.

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	_STATE:	ZIP:	
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EXPENSES: (To expedite your request as quickly as possible, itemize <u>ALL MONTHLY</u> expenses as noted below) (Please have receipts ready to present as they will be required to receive any payment or support)

1. HOUSING	}:				
	RENT:				MORTGAGE:
	Due Date:				Due Date:
	Monthly Pymt				Monthly Pymt
	Are you behind payments?		No		Amount
	-				
	Phone:		_	Accoun	t #
2. UTILITIE	<i>S</i> :				
Heat	What is your primary heating	g sourc	e?		_ Are you on LIHEAP or LIPERP?
	Monthly Pymt				Due Date
	Are you behind payments?	Yes	No		Amount
	Phone:		_	Acct #_	
Electric	Monthly Pymt				Due Date
	Are you behind payments?	Yes	_No		Amount
	D 37 (4.1.1				
	Phone:		_	Acct #_	
Water	Monthly Pymt				Due Date
	Are you behind payments?		No		Amount
	D N / A 11				
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	Phone:		_	Acct #_	
Sewer	Monthly Pymt				Due Date
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	Phone:		_	Acct #_	
Phone	Monthly Pymt				Due Date
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	Phone:		_	Acct #_	
Other	Monthly Pymt				Due Date
other	Are you behind payments?	Ves	No		Amount
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	rayee rame/Address.				
	Phone:		_	Acct #_	
			ıs, Insı	irances,	, Alimony, Child Support, Other)
Auto Loans	Monthly Pymt				Due Date
	Are you behind payments?	Yes	_No		Amount
	Payee Name/Address:				
	Phone:		_	Acct #_	

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	financial assistance from o				•		
SAVINGS: Checking Account \$ OTHER: Food Stamps: <u>yes or no</u> \$							
	SSI						
	lary /Wages						
	<i>SSI</i>						
	y & Wages						
ME: (List ALL n	nonthly HOUSEHOLD INC	COME/S,	, SAVINI)S, & O	THER SUPPOR	T :)	
•	HLY EXPENSES:	4			A	Add all expense	es from above
Any Other Mon	nthly Expenses not noted al	bove?					
	Are you behind payments? Payee Name Address	1 8			Amount	_Phone	
b. Card Name	Are you behind payments?	Vas	Monthly No	Pymt	Amount	Total Balan	ce Due
	Payee Name					_Phone	
a. Card Name	Are you behind payments?	Yes	No	-	Amount		
4. CREDIT C				D		m . 15 1	D
	Are you behind payments?	r es	_1NO		Amount		
Alimony/Child \$	Monthly Pymt	Vac	No		Due Date		
	Phone:		_	Acct #_			
	Are you behind payments?	Yes	No		Amount		
Medical Insure	Phone: Monthly Pymt		_	Acct #_	Due Date		
	Payee Name/Address						
Auto Insurance	Monthly Pymt Are you behind payments?	Yes	No				
A	Phone:						
Auto msurance	Monthly Pymt Are you behind payments?	Yes	No				
A	Phone:			Acct #_			
	Monthly Pymt Are you behind payments? Payee Name/Address	Yes	No		Due Date Amount		

***TOTAL MONTHLY INCOME:**

REASON FOR EMERGENCY OR DISASTER:

I feel that I meet the requirements, bi-laws and mission of The Hope Fund of Penns Valley and need short-term financial assistance as a resident of the Penns Valley Area School District in a time of a medical emergency or personal disaster because...

NATURE OF REQUEST:

(Please provide details as to what happened, how it happened, why it happened, and what you need, to better inform us of your situation. We will be following up to get all of these questions answered before discussing your request.)

*To help speed up the funding process you MUST verify a copy of bills statements, on all income and expenses that you are requesting financial support, prior to having any payments!

Your total estimated financial request from the HOPE Fund of Penns Valley:

\$_____

My name is, _______ and I affirm that the information provided by me for the purpose of receiving assistance from the HOPE Fund of Penns Valley is true to the best of my knowledge. I understand that all information must be provided 30 days prior to my need, and it is subject to prior review, verification, be approval by the Board in order for financial assistance to meet my noted deadline. I hereby agree to permit the Outreach Director or any Hope Fund representatives to contact me, and any source given by me, for the purpose of verifying information, income, expenses, etc. I understand that any information disclosed on this application will be held highly confidential and will be used only for determining if the applicant meets the necessary criteria based on the HOPE Fund of Penns Valley; to provide short-term financial assistance to residents of the Penns Valley Area School District in times of medical emergency or personal disaster. I also understand that I may NOT qualify for support at this time!