Church of St. Anthony

HOPE Application for Assistance

What type of assistance are you requesting?

__ Food __Medical __ Help with rent __Help with utilities __ Other

(Please explain)_____

1.NAME_____ ____
2.ADDRESS_____
3.AGE:_____ _____
4.PHONE:_____CELL PHONE_____

CHURCH AFFILIATION:_____

Please list the names, dates of birth and relationship of all other members in your household:

NAMES	AGES	RELATIONSHIP

5._____
6._____
7._____
8._____
9._____

What type(s) of assistance are you currently receiving_____
_____

10. PLEASE PROVIDE ALL SOURCES OF INCOME WITHIN THE LAST 30 DAYS:

SSA_____ SSI_____ UCB_____ VA _____
WORKER'S COMPENSATION_____RAILROAD RETIREMENT____
SOLDIERS, SAILORS & MARINES____ PRIVATE SICKNESS OR DISABILITY____
OTHER please explain_____

11. PLEASE PROVIDE ALL ASSETS WITHIN THE LAST 30 DAYS:

CHECKING ACCOUNT – BANK_____
ACCOUNT #_____ BALANCE: _____

SAVINGS ACCOUNT(S) – BANK_____

ACCOUNT #_____ BALANCE: _____

ACCOUNT #_____BALANCE: _____

CD(S) _____ IRA(S) (only if age 59 ½ or older) _____

STOCKS_____ BONDS_____ SAVINGS BONDS_____

MUTUAL FUNDS_____CHRISTMAS CLUB_____

RENTAL INCOME_____LAWSUIT_____OTHER_____

Please provide the HOPE Ministry with a short explanation of your need:

_____

_____

_____

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_____

I agree to the following:

*Any and all assistance that I receive from the Hope Ministry is on a "FIRST COME, FIRST SERVE" basis until the funds are exhausted.
*I agree to provide the HOPE Ministry with whatever verification of information is needed to assist me. I understand that income and asset verification will be required.
*Providing the information on this form is voluntary.
*All the information on this form will be held in strictest confidence by the HOPE Ministry.

* I agree to cooperate with the HOPE Ministry by applying for programs for which I may be eligible for assistance.

*I understand that I will repay the HOPE Ministry for any assistance given to me for the time period covered by the receipt of retroactive benefits such as, but not limited to, Social Security Disability or Retirement, Supplemental Security Income, Worker's Compensation, Unemployment Benefits.

*I understand that in the event that the HOPE Ministry provides me with assistance one time, it is not required to provide me with assistance a second time.

*I agree to whatever counseling the HOPE Ministry deems necessary. This includes, but is not limited to, financial, job referral, mental health counseling. I understand that a requirement of receiving assistance from HOPE Ministry is that I will be reviewed periodically.

*I agree that I will cooperate with the HOPE Ministry by accepting responsibility for myself and other household members.

* I understand that all assistance provided to me by the HOPE Ministry is directed towards allowing me to become self-sufficient.

*I have read the above and understand what it says. I certify that the information given on this form is correct.

Your signature: _____Date: _____

Name of anyone helping you complete this form: _____

THIS FORM MAY BE RETURNED TO:

THE CHURCH OF ST. ANTHONY
ATTN: HOPE MINISTRY
4 UNION CITY ROAD
PROSPECT, CONNECTICUT 06712

THIS SPACE RESERVED FOR HOPE MINISTRY:

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