

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 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.

YOUR NAME: _____ DATE OF BIRTH: _____ GENDER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (Home) _____ (Cell) _____ (E-Mail) _____

MARITAL STATUS: _____ TOTAL # IN HOUSEHOLD _____

SPOUSE NAME: _____ AGE: _____

CHILD NAME: _____ AGE: _____ CHILD NAME: _____ AGE: _____

CHILD NAME: _____ AGE: _____ CHILD NAME: _____ AGE: _____

CHILD NAME: _____ AGE: _____ CHILD NAME: _____ AGE: _____

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____

SPOUSE EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____

DOCTOR / MEDICAL INFORMATION

NAMES OF YOUR DOCTORS & HOSPITALS: *(If you do not have one enter NONE)*

Doctor: _____ Hospital _____

Doctor: _____ Hospital _____

MEDICAL COVERAGES: *(Company Name & Type) (If you do not have coverage enter NONE)*

Medical: _____ TYPE: _____

Spouse: _____ TYPE: _____

Other: _____ TYPE: _____

Medicare: Part A _____ Part B _____ Supp _____

Medicaid: _____ TYPE: _____

VA : _____ TYPE: _____

Medical Assistance: _____ TYPE: _____

Other: _____ TYPE: _____

EXPENSES: (To expedite your request as quickly as possible, itemize ALL MONTHLY 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? Yes ___ No ___	Amount _____
Payee Name/Address: _____	_____
_____	_____
Phone: _____	Account # _____

2. UTILITIES:

Heat	What is your primary heating source? _____	Are you on LIHEAP or LIPERP? _____
	Monthly Pymt _____	Due Date _____
	Are you behind payments? Yes ___ No ___	Amount _____
	Payee Name/Address: _____	_____
	_____	_____
	Phone: _____	Acct # _____

Electric	Monthly Pymt _____	Due Date _____
	Are you behind payments? Yes ___ No ___	Amount _____
	Payee Name/Address: _____	_____
	_____	_____
	Phone: _____	Acct # _____

Water	Monthly Pymt _____	Due Date _____
	Are you behind payments? Yes ___ No ___	Amount _____
	Payee Name/Address: _____	_____
	_____	_____
	Phone: _____	Acct # _____

Sewer	Monthly Pymt _____	Due Date _____
	Are you behind payments? Yes ___ No ___	Amount _____
	Payee Name/Address: _____	_____
	_____	_____
	Phone: _____	Acct # _____

Phone	Monthly Pymt _____	Due Date _____
	Are you behind payments? Yes ___ No ___	Amount _____
	Payee Name/Address: _____	_____
	_____	_____
	Phone: _____	Acct # _____

Cable	Monthly Pymt _____	Due Date _____
	Are you behind payments? Yes ___ No ___	Amount _____
	Payee Name/Address: _____	_____
	_____	_____
	Phone: _____	Acct # _____

Other	Monthly Pymt _____	Due Date _____
	Are you behind payments? Yes ___ No ___	Amount _____
	Payee Name/Address: _____	_____
	_____	_____
	Phone: _____	Acct # _____

3. OTHER MONTHLY PAYMENTS (Loans, Insurances, Alimony, Child Support, Other)

Auto Loans	Monthly Pymt _____	Due Date _____
	Are you behind payments? Yes ___ No ___	Amount _____
	Payee Name/Address: _____	_____
	_____	_____
	Phone: _____	Acct # _____

Other Loan (Other Auto, Home Equity, Line of Credit, Camper, Motorcycle, etc.)

Monthly Pymt _____ Due Date _____
Are you behind payments? Yes ___ No ___ Amount _____
Payee Name/Address _____
Phone: _____ Acct # _____

Auto Insurance Monthly Pymt _____ Due Date _____
Are you behind payments? Yes ___ No ___ Amount _____
Payee Name/Address _____
Phone: _____ Acct # _____

Auto Insurance Monthly Pymt _____ Due Date _____
Are you behind payments? Yes ___ No ___ Amount _____
Payee Name/Address _____
Phone: _____ Acct # _____

Medical Insure Monthly Pymt _____ Due Date _____
Are you behind payments? Yes ___ No ___ Amount _____
Payee Name/Address _____
Phone: _____ Acct # _____

Alimony/Child Support
Monthly Pymt _____ Due Date _____
Are you behind payments? Yes ___ No ___ Amount _____

4. CREDIT CARD DEBT

a. Card Name _____ Monthly Pymt _____ Total Balance Due _____
Are you behind payments? Yes ___ No ___ Amount _____
Payee Name _____ Phone _____
Address _____

b. Card Name _____ Monthly Pymt _____ Total Balance Due _____
Are you behind payments? Yes ___ No ___ Amount _____
Payee Name _____ Phone _____
Address _____

Any Other Monthly Expenses not noted above? _____

***TOTAL MONTHLY EXPENSES:** \$ _____ *Add all expenses from above*

INCOME: (List ALL monthly HOUSEHOLD INCOME/S, SAVINGS, & OTHER SUPPORT:)

YOUR Net Salary & Wages _____ Alimony _____ Child Support _____
Pension _____ SSI _____ Disability _____ VA _____ Other _____

SPOUSE Net Salary /Wages _____ Alimony _____ Child Support _____
Pension _____ SSI _____ Disability _____ VA _____ Other _____

SAVINGS: Checking Account \$ _____ Savings Account \$ _____ CD's \$ _____ Bonds \$ _____

OTHER: Food Stamps: *yes or no* \$ _____ Food Bank: *yes or no* Toys for Tots: *yes or no*

(List ALL other financial assistance from other non-profit or Government sources MONTHLY or on time TOTAL)

Name _____ \$ _____

Name _____ \$ _____

***TOTAL MONTHLY INCOME:** \$ _____ *Add all income from above*

