



# Hands to Help Seniors

*because poverty knows no age.*

## APPLICATION FOR ASSISTANCE

### NOTE: DOCUMENTATION REQUIREMENTS

- Applicants must provide proof of age and income (in addition to signing the application)
- See Attached instructions for more information.
- Specific statement on what funding you are requesting.
- Copy of Driver's License or Identification Card.
- Copy of most recent bank statement.
- Statement of current situation (how did you get into your current financial predicament?).
- Statement of future situation if H2HS grants your request (will you be able to make all of your Bills?).

### Applicant Information

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own    Rent    (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned    Rented    (Please circle)

Monthly payment or rent:

How long?

### EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly    Salary    (Please circle)

Annual income:

Additional Income (Annual amount)

From Who?

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

### CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own    Rent    (Please circle)

Monthly payment or rent:

How long?

### EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly    Salary    (Please circle)

Annual income:

Name of a relative not residing with you:



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## APPLICATION FOR ASSISTANCE

Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			
BANK ACCOUNTS (CHECKING, SAVINGS, CD'S, STOCKS, BONDS, ETC...)			
Name of Financial Institutions	Account no.	Current balance	Description of Account
CREDIT CARDS			
Name	Account no.	Current balance	Monthly payment
MORTGAGE COMPANY			
Mortgage Holder	Address/Phone no.	Account no.	Balance
AUTO LOANS			
Auto loans	Account no.	Balance	Monthly payment
OTHER LOANS, DEBTS, OR OBLIGATIONS			
Description	Account no.	Amount	
OTHER ASSETS OR SOURCES OF INCOME			
Description		Amount per month or value	
I authorize Hands to Help Seniors to verify the information provided on this form.			
Signature of applicant			Date
Signature of co-applicant, if for joint account			Date



## **APPLICATION FOR ASSISTANCE**

Did you Remember to:

- ✓ Sign Your Application?
- ✓ Attach income documentation.

### **PRIVACY ACT NOTIFICATION**

The disclosure of Social Security Numbers for applicants is required in order to process the application. This number is being requested for tax administration purposes, financial status of the applicant, and will be used to facilitate the processing of reports and to establish and maintain a uniform system for identifying taxpayers for any lawful purpose. By giving us your Social Security or other personal information, you expressly authorize Hands to Help Seniors, Inc. to use this in order to verify financial information such as income, bank accounts and other assets used to determine eligibility. This number may also be disclosed as part of information contained in the taxpayer's return or to any department, person, agency or entity as may be required by law, or if the applicant gives written authorization to a third party. Failure to disclose your Social Security number will result in your application not being processed.

### **ELIGIBILITY REQUIREMENTS**

Eligibility requirements that must be met in order to receive assistance from Hands to Help Seniors, at a minimum, are based on the following:

- You are 62.5 years of age or older or legally disabled.
- Your annual income of \$32,000.00 or less.
- The assistance requested is required to maintain a healthy and safe environment in your own home.
- You have a one-time financial expense which is unexpected (We do not provide ongoing financial assistance).



## APPLICATION FOR ASSISTANCE

### APPLICATION INSTRUCTIONS

Section A: APPLICANT INFORMATION- Enter all information correctly.

Section B: EMPLOYMENT INFORMATION - Complete this section if you are currently employed. Also included any additional income that is not requested in Section E.

Section C: CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT - Complete this section if you are married, or have another person living with you and share income and expenses.

Section D: EMPLOYMENT INFORMATION – This is for the Co-Applicant.

Section E: BANK ACCOUNTS – List all bank accounts, certificate of deposits, money market accounts, stock holdings, bonds, etc. for everyone living in the house.

Section F: CREDIT CARDS – List all credit cards and their balances still owed.

Section G: MORTGAGE COMPANY - List all property's owned, address and phone number of mortgage holder, account number and current balance owed.

Section H: AUTO LOANS – List all automobiles with each of their account numbers, balance owed and monthly payment.

Section I: OTHER LOANS, DEBTS, OR OBLIGATIONS – Any other outstanding loans, debts, or obligations.

### DOCUMENTATION REQUIREMENTS:

**INCOME:** Provide a copy of your federal income tax return for the year prior to your application, along with all W-2s (wage & tax statements) and 1099-SSAs (social security benefit statements). If a federal tax return was not filed, attach proof of each income item in Section B. Appropriate proof of income includes W-2s, 1099-SSAs, 1099-Rs (pension & annuity retirement income), SSI letters, bank & brokerage account end of year statements and public assistance benefit letters, and:

- Applicants must provide proof of age and income (in addition to signing the application)
- See instructions above for more information.
- Specific statement on what funding you are requesting.
- Copy of Driver's License or Identification Card.
- Copy of most recent bank statement
- Statement of current situation (how did you get into your current financial predicament?).
- Statement of future situation if H2HS grants your request (will you be able to make all of your financial obligations going forward?).
- Copy of any bills you are requesting to be paid
- Mail application and supporting documents to: Hands to Help Seniors, Inc., PO Box 655, Monterey, CA 93942

**SIGNATURE:** Please sign and date the application. Without your signature, the application cannot be processed and will be returned to you.