



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.

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: | | |
| Address: | | Phone: |
| City: | State: | ZIP Code: |
| Relationship: | | |



Hands to Help Seniors

because poverty knows no age.

APPLICATION FOR ASSISTANCE

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, Inc. to verify the information provided on this form as to my credit and employment history.

| | |
|------------------------|------|
| Signature of applicant | Date |
|------------------------|------|

| | |
|---|------|
| Signature of co-applicant, if for joint account | Date |
|---|------|

- Did you Remember to:
- ✓ Sign Your Application?
 - ✓ Attach income documentation.



APPLICATION FOR ASSISTANCE

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.
- Your annual expenditures are more than your annual income.
- The assistance requested is required to maintain a healthy and safe environment in your own home.



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 there 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.

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