

Three Rivers' Helping Hands Community Foundation

Change for Life

1324 E. Main, PO Box 918. Linn, MO 65051
573-644-9000 or 1-800-892-2251

For Office Use Only

Application for Individual and/or Family

Incomplete applications will automatically be denied assistance.

To be complete, all 4 pages of this application must be submitted with your personal statement attached.
If not applicable, mark as n/a. Please type or print clearly with dark ink.

REQUEST

- Amount of Request: _____
- Date of Application: _____
- Please attach your personal statement to:
 - 1) tell how the funds will be used, and
 - 2) explain the circumstances that have prompted your need of assistance.
- Please attach appropriate bids/estimates/bills directly relating to your request.

PERSONAL INFORMATION

- Name of Applicant: _____
Last First Middle
- Address: _____
Street or P.O. Box

City State Zip Code County
- Do you OWN or RENT your home? ☐ Own ☐ Rent _____
Date of Birth
- Home/Cell Phone: _____ Work Phone: _____
- Email Address: _____
- List names of other members of household, including children (If children, give age.): _____

PERSONAL REFERENCES

- Please give three references from persons other than relatives. (References may not be given by a director or employee of Three Rivers Electric Cooperative or Three Rivers' Helping Hands Community Foundation.)
- 1. Name: _____ Phone: _____
Address: _____
Occupation: _____ Relationship to Applicant: _____
- 2. Name: _____ Phone: _____
Address: _____
Occupation: _____ Relationship to Applicant: _____
- 3. Name: _____ Phone: _____
Address: _____
Occupation: _____ Relationship to Applicant: _____

EMPLOYMENT INFORMATION

- Is applicant currently employed? ☐ Yes ☐ No
- If not, **PLEASE EXPLAIN WHY:** _____
- Gross **MONTHLY** earnings (include all employed members of the household): _____
- **Employment History of Applicant**
 - Employer #1 _____ Supervisor _____
 - Address _____ Phone _____
 - Dates of Employment _____ Salary/Wage _____
 - Employer #2 _____ Supervisor _____
 - Address _____ Phone _____
 - Dates of Employment _____ Salary/Wage _____
- **Employment History of Others in Household - Name** _____
 - Employer #1 _____ Supervisor _____
 - Address _____ Phone _____
 - Dates of Employment _____ Salary/Wage _____
 - Employer #2 _____ Supervisor _____
 - Address _____ Phone _____
 - Dates of Employment _____ Salary/Wage _____

OTHER ASSISTANCE

- List other social service agencies (MOCA, HDC, etc.) you have contacted (include name of person contacted):

- Is individual or family receiving any other form of assistance or aid (donations, insurance, etc.)? ☐ Yes ☐ No
- If yes, please list: _____

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Financial Statement

Date of this Statement _____

MONTHLY INCOME

Monthly Income (include income of all household members)

Wages \$ _____
Bonus/Tips/Commission \$ _____
Social Security Benefits \$ _____
Welfare \$ _____
Food Stamps \$ _____
Alimony \$ _____
Child Support \$ _____
Other \$ _____

TOTAL MONTHLY INCOME: \$ _____

MONTHLY EXPENSES

Monthly Expenses (include expenses of all household members)

☐ Mortgage Loan Payment or ☐ Rent payment \$ _____
 Grocery Estimate \$ _____
Utilities:
 Electricity \$ _____
 Gas \$ _____
 Telephone/Cell \$ _____
 Water/Sewer \$ _____
 Internet \$ _____
 Cable/Satellite TV/Streaming Services (Netflix, Hulu, etc.) \$ _____
 Other \$ _____

Transportation:
 Vehicle Payments \$ _____
 Gasoline \$ _____

Insurance:
 Home/Rental Insurance \$ _____
 Medical Insurance \$ _____
 Life Insurance \$ _____
 Auto Insurance \$ _____

Other:
 Medical \$ _____
 Credit Card Payments \$ _____
 Student Loan Payments \$ _____
 Other Loan Payments (not house or auto) \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

NET MONTHLY INCOME (total income minus total expenses) \$ _____

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ASSETS

Assets (include assets of all household members - attach list if necessary)

Cash on Hand/Savings Account \$ _____

Checking Account Balance \$ _____

Property (home, mobile home, land, etc.)

Property #1 Market Value \$ _____

Property #2 Market Value \$ _____

Property #3 Market Value \$ _____

Other Assets (vehicles, boats, livestock, equipment, etc.)

#1 Cash Value \$ _____

#2 Cash Value \$ _____

#3 Cash Value \$ _____

#4 Cash Value \$ _____

TOTAL ASSETS: \$ _____

LIABILITIES

Liabilities (include liabilities of all household members - attach list if necessary)

Credit Card Balance

Name of Credit Card \$ _____

Name of Credit Card \$ _____

Name of Credit Card \$ _____

Student Loan Balance

Loan #1 \$ _____

Loan #2 \$ _____

Other Loans (autos, ATV, boats, unsecured, etc.)

Loan #1 \$ _____

Loan #2 \$ _____

Other Debt (taxes, bills, miscellaneous, etc.)

Debt #1 \$ _____

Debt #2 \$ _____

Debt #3 \$ _____

TOTAL LIABILITIES: \$ _____

The information contained in this statement is for the purpose of obtaining funding from Three Rivers' Helping Hands Community Foundation on behalf of the undersigned. Each undersigned understands that the information provided herein is used to determine grant funding, and each undersigned represents and warrants that the information provided is true and complete and that Three Rivers' Helping Hands Community Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. Three Rivers' Helping Hands Community Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.

Please check box at right if you do NOT want the information contained in this application to be shared with other agencies that may help meet your needs.

☐

Signature of Applicant

Date

Signature of Spouse/Co-Applicant

Date