

# Helping Other People Excel, Inc.

## Application for Financial Assistance

**Applicant Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Martial Status:    Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Employer: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

**Spouse's Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

**Dependent Information:**

First Name	Last Name	DOB	Relationship to Applicant

**Reason for Emergency/Tragedy/Disaster**


**How can we best be of Help to You?**

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Monthly Income	
Gross Wages/Salaries/Tips	\$
Unemployment	
Social Security Compensation	
Child Support	
Aid to Dependent Children	
Food Stamps	
Alimony	
Housing Assistance	
Retirement/Pension	
Other	
Other	
Total	

Monthly Expenses	
Rent/Mortgage	\$
Utilities	
Phone	
Food	
Clothing	
Car & Insurance	
Television	
Alimony	
Child Support	
Medical Insurance	
Monthly Credit Card Payments	
Total	

I \_\_\_\_\_ realize that Helping Other People Excel, Inc. has limited resources. I understand that all information provided by me will be used only for the purpose of determining need. All information will only be shared with the Directors of the Organization and held in the up-most confidentiality. I agree to be contacted by a member of the committee to ascertain additional information or for clarification of information.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

<i>office use only</i>	<i>office use only</i>
Payment made to : _____	
Amount: _____	
Date: _____	
Check #: _____	