

# 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. Please type or print clearly with dark ink. The application deadline is the last day of each month.

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 Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
- List 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 EXPENSES**

<b>Housing:</b>	<input type="checkbox"/> Mortgage or <input type="checkbox"/> Rent payment .....	\$ _____
	Food .....	\$ _____
<b>Utilities:</b>	Electricity .....	\$ _____
	Gas .....	\$ _____
	Telephone .....	\$ _____
	Water & Sewer .....	\$ _____
	Other _____ .....	\$ _____
<b>Transportation:</b>	Automobile Payments .....	\$ _____
	Gasoline .....	\$ _____
<b>Insurance:</b>	Home Owners/Renters Insurance .....	\$ _____
	Medical .....	\$ _____
	Life .....	\$ _____
	Automobile .....	\$ _____
<b>Medical:</b>	Doctors .....	\$ _____
	Hospital .....	\$ _____
	Medication .....	\$ _____
<b>Charge Account</b>	_____ .....	\$ _____
<b>Payments (specify):</b>	_____ .....	\$ _____
<b>Loan Payments</b>	_____ .....	\$ _____
(specify):	_____ .....	\$ _____
<b>Real Estate Taxes</b>	_____ .....	\$ _____
<b>Property Taxes</b>	_____ .....	\$ _____
<b>Other Expenses</b>	_____ .....	\$ _____
(specify):	_____ .....	\$ _____
	_____ .....	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>	.....	\$ _____

**MONTHLY INCOME**

<b>Total Gross Earnings for Household</b>	.....	\$ _____
<b>Bonus, Tips &amp; Commission</b>	.....	\$ _____
<b>Social Security Benefits</b>	.....	\$ _____
<b>Farm Income</b>	.....	\$ _____
<b>Welfare (AFDC)</b>	.....	\$ _____
<b>Food Stamps</b>	.....	\$ _____
<b>Alimony</b>	.....	\$ _____
<b>Child Support</b>	.....	\$ _____
<b>Other</b>	_____ .....	\$ _____
<b>Other</b>	_____ .....	\$ _____
<b>Other</b>	_____ .....	\$ _____
<b>TOTAL MONTHLY INCOME</b>	.....	\$ _____

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**ASSETS**

● **Cash on Hand:**

Bank Name \_\_\_\_\_ Acct # \_\_\_\_\_ Checking Balance \$ \_\_\_\_\_  
 Bank Name \_\_\_\_\_ Acct # \_\_\_\_\_ Checking Balance \$ \_\_\_\_\_

● **Real Estate** (list all property that you own, i.e. house, mobile home, acreage):

Property #1 \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_ Market Value \$ \_\_\_\_\_  
 Property #2 \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_ Market Value \$ \_\_\_\_\_  
 Property #3 \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_ Market Value \$ \_\_\_\_\_

● **Other Assets** (Personal Property, Auto, Whole Life Insurance - include description):

#1 \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_  
 #2 \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_  
 #3 \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_  
 #4 \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

**TOTAL ASSETS:** \$ \_\_\_\_\_

**LIABILITIES**

● **Notes Payable & Mortgage** (list home loan, car loans, credit card debt, student loans):

Loan #1 \_\_\_\_\_ \$ \_\_\_\_\_  
 Lender Name & Address \_\_\_\_\_  
 Loan #1 \_\_\_\_\_ \$ \_\_\_\_\_  
 Lender Name & Address \_\_\_\_\_  
 Loan #1 \_\_\_\_\_ \$ \_\_\_\_\_  
 Lender Name & Address \_\_\_\_\_

● **Other Debt** (Taxes, Bills, Miscellaneous - Attach list if necessary):

Debt #1 \_\_\_\_\_ \$ \_\_\_\_\_  
 Debt #2 \_\_\_\_\_ \$ \_\_\_\_\_  
 Debt #3 \_\_\_\_\_ \$ \_\_\_\_\_  
 Debt #4 \_\_\_\_\_ \$ \_\_\_\_\_  
 Debt #5 \_\_\_\_\_ \$ \_\_\_\_\_  
 Debt #6 \_\_\_\_\_ \$ \_\_\_\_\_

**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 inquires 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