

Financial Assistance Application Instructions

Financial Assistance for is available to individuals and families who are experiencing an unexpected crisis and living in the following zip codes: 76036, 76123, 76132, 76133, 76134, and 76140.

Financial Assistance is available for electric, water, and gas bills and small amounts toward rent. In many situations, the applicant will need to be able to cover a portion of the bill.

Crowley House of Hope only assists with the current bill. Any past-due amount will need to be paid prior to receiving Financial Assistance.

Complete applications are reviewed weekly on Wednesday. Applications received on or after Wednesday will be reviewed the following week.

Please follow these steps to complete your application.

Fill out the application completely and provide copies of the following documents.

1. Copy of applying adult's identification
2. Copy of identification for each adult living in your home and a birth certificate for each child
3. Copy of your current electric or water bill
4. Copy of your lease agreement
5. Copy of government assistance award letter(s)
6. Copy of proof of income, can be one of the following:
 - Last two paycheck stubs
 - Award letters for Social Security income or TANF
 - Copy of current child support payment history
 - Copy of unemployment benefits

Copy of documents that tell the story of your crisis. For example, receipts for unexpected car repairs or paycheck stubs showing a decrease in work hours.

Turn in this application and supporting documentation to Crowley House of Hope

200 N Magnolia Street
Crowley, Texas 76036

Wednesday, Thursday, Friday, or Saturday | 9:00 am to 4:00 pm

For your safety we no longer accept applications or supporting documentation through email. Please drop off your application packet or mail it to the address above.

Families with complete applications will be contacted to discuss next steps. Incomplete applications will not be considered.



Crowley House of Hope
Application for Financial Assistance

Last Name _____ First Name _____ DOB _____

Address _____ City, Zip Code _____

Cell Phone _____ Home Phone _____

Household

List the members of your household

Name	DOB	Relationship	Employed

Employment

Are you employed? Yes No If yes, who is your employer? _____

How long have you been employed? _____

How much do you make? _____ (check one) Weekly Bi-Monthly Monthly

If unemployed, for how long? _____ Please explain the reason for being unemployed at this time.

Documentation of Crisis

What crisis event has occurred that brings you to Crowley House of Hope for financial assistance?

When did the crisis occur?

What steps have you taken to overcome this crisis?

Income/Expense Worksheet

Monthly Income

Net Salary (after taxes and deductions)	\$ _____
Alimony	\$ _____
Child Support	\$ _____
Social Security	\$ _____
Social Security Disability	\$ _____
Food Stamps	\$ _____
Temporary Aid for Needy Families	\$ _____
Unemployment	\$ _____
Other Income	\$ _____
Total Income	\$ _____

Monthly Expenses

Rent or Mortgage	\$ _____
Utilities	
Electricity	\$ _____
Water	\$ _____
Gas	\$ _____
Home & Cell Phone	\$ _____
Home Maintenance	
Laundry	\$ _____
Toiletries	\$ _____
Upkeep	\$ _____
Transportation	
Car payment	\$ _____
Public Transportation (can include UBER/LYFT)	\$ _____
Automobile Upkeep	
Gas	\$ _____
Insurance	\$ _____
Annual Registration	\$ _____
Annual Inspection	\$ _____
Repairs/Upkeep (tires, oil changes)	\$ _____
Food	
Groceries	\$ _____
Restaurants	\$ _____
Deliveries	\$ _____
Clothes (and other shopping expenses)	\$ _____
Books, Periodicals and Online Subscriptions (Netflix)	\$ _____
Entertainment (cable/satellite, travel/vacation, movies)	\$ _____
Debt (credit cards, rent to own, student loans)	\$ _____
Other Monthly Expenses (childcare, housekeeping, hobbies)	\$ _____
Contributions to charity or church	\$ _____
Total Expenses	\$ _____
Difference between Income and Expenses	\$ _____

Financial Assistance Request

What type of bill are you seeking assistance with? (check one) Electric Water Gas Rent/Mortgage

If a utility bill, who is your provider? _____ Amount Due _____

If for rent, name and phone number of landlord.

Name: _____

Phone Number: _____

When is the bill due? _____

Have you paid anything toward the balance of this bill? Yes No

If yes, amount paid and date. _____

If no, do you have any funds to put towards this bill? _____

Have you sought financial assistance for this bill with another social service organization? Yes No

If yes, which organization? _____

Print Name

Signature

Date

For Crowley House of Hope Use Only

Utility Provider Contacted Yes Date _____

Landlord Contacted Yes Date _____

Is rent paid? Yes No

If no, amount of rent due & due date _____

Balance of bill _____

Approved for Assistance Yes No

Reason for decline _____

Pledge made Yes Date _____

Payment mailed Yes Date _____

Check Number _____