



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 |
|------|-----|--------------|----------|
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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 _____