

Donations from the Heart Inc.

Transportation Assistance

Program Application Form

Office Use Only	
File#	_____
Effective Date:	_____

This Application is designed to collect specific information from applicants applying for Utility Assistance Program in accordance with Section 26c of the Freedom of Information and Protection of Privacy Act (the FOI Act)

If you have questions about the collection or use of your information, please call 1-855-493-4483

SECTION- A. Applicant Information

(Please Print Clearly)

Social Security Number <u>NOT REQUIRED</u>	Last Name	First Name	Middle Initial	Mrs. Miss	Mr. Ms.
Social Security Number <u>NOT REQUIRED</u>	Last Name	First Name	Middle Initial	Mrs. Miss	Mr. Ms.

Mailing Address

Apt #	House / Bldg. #	Street Name
City	State	Zip Code

Residential Address

Apt#	House / Bldg. #	Street Name
City	State	Zip Code

Contact Information

Home Phone ()	Cell Phone ()	Work Phone ()
Email Address	Alternate Contact for Messages Name:	Emergency Contact Name:

	Phone:	Phone:
--	--------	--------

SECTION- B. Bank Information/Assets

Please list all assets held by you and/or spouse of applicable.

Type of Asset	Owner of Asset	Bank/ Financial Institution	Branch Location	Account Type
Bank Accounts				
Term Deposits				
Bonds/Stocks/Shares				
Trust Funds/ 401K				
Other Assets/Cash				

Section- C. Proof of Residency/Proof of Citizenship/Proof of Visa

Applicant must be able to provide some form of proof that they have resided at current address for at least 6-12 months. If currently homeless, a letter or statement from shelter/housing authority or any private entity must be supplied.

How Long have you resided at your current address? _____ Please list your address for the past 12 months _____ Please list your address for the past 6 months _____ Are you a US Citizen? YES _____ NO _____ IF NO Can you provide proof of VISA? YES _____ NO _____
--

Please provide a list of former address if less than 12 months below

Addresses	From Date	To Date	Name of Landlord	Landlord Contact Number

SECTION – D. Rent Information

<p>Your Current Monthly Rent DO NOT INCLUDE UTILITIES OR DUES</p> <p>_____</p> <p>How Many Months are you past due? _____</p> <p>Is your rent subsidized? YES _____ NO _____</p>	<p>Does Your Rent Include Utilities? YES _____ NO _____ If so please list</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Do you Live in a trailer or mobile home?</p> <p>YES _____ NO _____</p>	<p>If you reside in a trailer or mobile home, do you own or rent?</p> <p>OWN _____ RENT _____</p>

SECTION – E Income Information/Monthly Expenses

Please list all forms of income to include, SSI, disability, unemployment compensation, workman compensation, etc.

<p>Are you currently unemployed YES _____ NO? _____</p> <p>If NO, have you or spouse earned any income within the past 12 Months? YES _____ NO _____</p>
--

List all current sources of income	Applicant/Gross Monthly Income	Spouse/Gross Monthly Income

Please list monthly bills and debts owed each month. Please include loans, credit card debt, student loans, car loans, insurance premiums, food, utilities, cable, etc...

Monthly Expense	Name of Institution	Amount Per Month

Thursday —
Friday —
Saturday —

NOTES:

Signature: _____ **Date:** _____

By signing the above application, you acknowledge and certify that all the information is accurate and truthful. If any information is found to be false, your application will be denied. You also authorize Donations From The Heart Inc. to speak and correspond with Social Services or any necessary State Agency provider to gather information regarding providing you with assistance and to serve as an advocate. Your signature serves also as a release of information to Donations From The Heart. A copy of this signed portion of your application will be submitted to any required state or government agency to include non-profit organizations in the event we are required to provide advocacy assistance on your behalf.

Donations from the Heart, Inc. assist qualified applicants based on funds available and each individual/ individual need. We do not discriminate and are here to serve all that Lord Jesus Christ will allow. The information within your application is required based on our ability to qualify every application. Please know that is information is kept confidential and is requested based on the Freedom of Information Act.

Applications are processed within 48-72 hours of receipt. Please indicate in the Note section, any additional information you believe is important and can help in us serving your needs. Transportation Assistance is provided at no cost to our applicants and is only available based on resources and volunteer support. We cannot and will not guarantee transportation assistance at any given time. We require 7-business day notice in advance for any transportation request. In the event resources are not available to accommodate your need, this allows sufficient time for us to refer an applicant to other agencies or for them to seek other methods of obtaining transportation assistance.

Please submit by fax or email to:

Fax: 1-855-663-0268

Email: info@donationsfromtheheart.org