

Donations from the Heart Inc.

Utility 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 NOT REQUIRED	Last Name	First Name	Middle Initial	Mrs. Miss	Mr. Ms.
Social Security Number NOT REQUIRED	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:
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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.

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

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

SECTION – E Income Information/Monthly Expenses

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

Are you currently unemployed YES _____ NO _____ If NO, have you or spouse earned any income within the past 12 month? YES _____ NO _____

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

Questionnaire:

Our goal is to assist our applicants in the best way possible. Please complete the below questionnaire as to why you need assistance. Our goal is to not only aid with a particular situation or circumstance but to isolate the root cause through various avenues of support. Without knowing the root cause any assistance, we provide, may only serve as a temporary fix. Our goal is to direct our applicants to total wellness.

1. Please explain why you need assistance. Due to COVID-19 unemployment or are you receiving Unemployment Benefits that are delayed?

2. What caused your shortfall or inability to cover your utilities?

3. Are your utilities exceeding your monthly budget?

4. Are your other monthly bills not allowing room to cover your utilities?

5. Do you live in a household with energy saving appliances?

6. Are your utilities higher in the summer months than winter months?

7. Are your utilities higher in the winter months than summer months?

8. Are you exercising energy saving tips to reduce your utilities?

9. Are you currently on a BUDGET BILLING plan with your local Utility Company?

10. Please provide the name of your Utility Company? Also, List what services are covered, gas, electric, water heating cooling etc....

11. Have you made payment arrangements to cure any past due cost? If so, please explain the payment plan?

12. Have you defaulted within the past 6 months on any payment arrangements made? If so, please explain.

13. What steps would you take to ensure this default does not occur again?

14. Do you currently have a personal budget in place? If so, is it working? Have you had to deviate from it? If so, please explain.

15. Are you open to having Donations From The Heart create a simple budget plan program for you? If so would you be willing to stick to a program that may require levels of discipline for your greater good?

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 your current utility provider to gather information regarding your account and to serve as an advocate. Your signature serves also as a release of information by your utility provider to Donations From The Heart. A copy of this signed portion of your application will be submitted to your utility company on your behalf if advocacy is needed.

Donations from the Heart, Inc. assist qualified applicants based on funds available and each individual/ individuals 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, if you are within 30 days of a termination of services or if there are extreme circumstances you would like us to know. We will do everything we can to help expedite processing your application; however, no guarantees can be made.

Please submit by fax or email to the

following: FAX: 1-855-663-268

Email: info@donationsfromtheheart.org