



# Help on Hand, Inc.

407 Walker Avenue – Caruthersville, Mo 63830 – 573-843-5117

All information provided with this application process shall be kept confidential and will be used to determine eligibility criteria, program compliance purposes and for data collection authorized by staff and grantors.

## Head of Household Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Veteran: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Insurance Type: \_\_\_\_\_

## Co-Applicant Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Veteran: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Insurance Type: \_\_\_\_\_



**Please Complete for Each Dependent (Do Not Include Yourself or Co-Applicant)**

Name	Age	DOB	SSN	Relation	Race	Insurance Type
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Do you or anyone in your household have HUD?** Yes \ No

**Do you or anyone in your household have any of the following public benefits:**

**Head of Household:**

TANF: Yes \ No \$ \_\_\_\_\_      SSI: Yes \ No \$ \_\_\_\_\_      SSDI: Yes \ No \$ \_\_\_\_\_  
Social Security (Retirement): Yes \ No \$ \_\_\_\_\_      Medicaid: Yes \ No      Medicare: Yes \ No  
Private Insurance: Yes \ No      SNAP: Yes \ No

**Co-Applicant:**

TANF: Yes \ No \$ \_\_\_\_\_      SSI: Yes \ No \$ \_\_\_\_\_      SSDI: Yes \ No \$ \_\_\_\_\_  
Social Security (Retirement): Yes \ No \$ \_\_\_\_\_      Medicaid: Yes \ No      Medicare: Yes \ No  
Private Insurance: Yes \ No      SNAP: Yes \ No

**What type of assistance are you seeking?** Please circle one.

Rental      Utility      Hotel Voucher (Homelessness Prevention)      Re-housing (Deposit Assistance)

Are you currently in a House or Apartment? \_\_\_\_\_ How many bedrooms: \_\_\_\_\_



### Applicant Employment Information

Employer: \_\_\_\_\_ Monthly Gross Income: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Co-Applicant Employment Information

Employer: \_\_\_\_\_ Monthly Gross Income: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

I certify that the information provided in this application for assistance, is correct to the best of my knowledge. I understand that falsifying any information may result in denial of services and/or removal from any existing housing services.

All applications submitted will be processed for completeness and verification that applicant meets criteria as required by the funding source and program guidelines. Staff may request additional information or documents if needed.

I understand that my application is not complete, until all information/documentation is provided.

By signing below, I agree to comply with all program guidelines. I understand that my application does not guarantee assistance.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_



Please detach this sheet and provide the following information when you return for your scheduled appointment.

**You WILL NOT be processed without supplying each requested document below.**

**Needed Documents are listed below.**

- ✓ Copy of ID for anyone in the household over the age of 18.
- ✓ Copy of Social Security Card for everyone in the household including all children.
- ✓ Proof of Income, Unemployment, (SSI/SSA/SSDI Benefits).
- ✓ Some type of income is required for emergency assistance. (Self-Employed, Side Jobs). If so, you need a letter signed by the person(s) that pay you with the amount of weekly/monthly pay.
- ✓ Proof of Benefits, if you receive them, (TANF/Food Stamps/Cash Assistance).
- ✓ Proof of income from all other sources.
- ✓ Copy of lease (anyone in the household over 18 must be on the lease).
- ✓ Pay or Leave Order or Eviction Notice from landlord stating how far you are behind in rent.
- ✓ W-9 from landlord.
- ✓ Copy of Utility Bill you are needing assistance with.
- ✓ Letter from landlord stating that if utilities are not brought current within 21 days, they will start the process of eviction.

You can return your application by drop-off Monday through Friday 9:00am to 3:00pm or fax anytime to (573) 843-5118.

If you need any further assistance, please contact our office at (573) 843-5117.

We look forward to assisting you.

Thank you,

Daveeda Sherrill  
Assistant Director