

Financial Assistance Application

Applicant Information I am applying for \$ _____ for (circle): ☐ Funeral expense ☐ Bill pay ☐ Disaster rebuild ☐ Other

Last Name: _____ First Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email Address: _____

Employer: _____ Employment Status: _____ Work Phone: _____
Full or Part Time

Hourly Wage: \$ _____ Annual Income: \$ _____ # of Dependants: _____
All persons living in Household

List the Names and Ages of all dependants, children and adults living in your household:

Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____

Spouse or Other Wage Earner Information

Last Name: _____ First Name: _____ Home Phone: _____
If different than above

Employer: _____ Employment Status: _____ Work Phone: _____
Full or Part Time

Hourly Wage: \$ _____ Annual Income: \$ _____

Have you ever applied for assistance: Yes _____ No _____ If yes, where? _____

List special circumstances that you feel should be taken into consideration during review of this application:

Signature of Applicant (Parent or Guardian if under 18)

Date Application Submitted

Funds

Funds are not guaranteed and are only given when funds are available; for this reason, we can only provide up to a maximum of \$500 for any assistance, unless the Board of Directors decides otherwise

Application Guidelines

Complete the Moments of Hope Financial Assistance Application above, then return it with any of the following additional forms that apply:

- Your most recent 1040 Federal tax return
- Your most recent pay stub
- Proof of other income (government assistance, child support, etc.)

What Happens Next

Processing of your forms typically takes approximately 5-7 business days. When your forms have been processed, someone from Moments of Hope will contact you.

For Moments of Hope Use Only

Application Type: ☐ Family ☐ Couple ☐ Adult ☐ Senior Couple ☐ Senior Adult ☐ Young Adult ☐ Youth

Percent of Assistance: % _____ Amount Applicant Pays: _____ /month _____ /year

Application Reviewed By: _____ Date Application Approved: _____ Deadline Date: _____

How to Use This Form

1. Complete the Moments of Hope Financial Assistance Application on the reverse side of this brochure.
2. Attach the following additional forms that apply to the application:
 - Your most recent 1040 Federal tax return
 - Your most recent pay stub
 - Proof of other income (including government assistance)
3. Return all of the above materials (including this form) to the Moments of Hope Nonprofit Organization.

What Happens Next

Processing of the application typically takes 5-7 business days. Once your forms have been processed, someone from Moments of Hope will contact you.

Financial Assistance is Temporary

The Moments of Hope recognizes that from time to time, people may need some financial help. Financial assistance is intended to be temporary, and as such, you will be asked to reapply as the need arises.

Contact Us

Please contact us if you have any questions or concerns about the application process.

Moments of Hope Nonprofit Organization
540 North Fork Rd., Barnardsville, NC 28709

Phone: (828) 776-7727

Email: momentsofhopenonprofit@gmail.com

Website: www.momentsofhopenonprofit.org