

Today's Date: ___ / ___ / _____

Emergency Assistance Packet

After you have completed this form, your next step is to **schedule an appointment**. To schedule an appointment, you need the items below:

- Current form of Picture ID (*or passport*)
- Housing lease, deed, or form of documentation
- Proof of Income / Loss of Income (*last 2 months*)
- Current Bank Statement (*if applicable*)
- Social Security Card (*if available*)
- Verification of additional assistance received (SNAP, TANF, Child Support, Section 8, SSI, SSDI), if you receive any of these types of assistance
- Current Bill and Disconnection Notice (*for utility assistance*)
- Documentation of any outside agency pledges (*if applicable*)

If you are not sure which documents you may need, don't have some of these documents, or have other questions, please reach out using the phone number below. We are also able to make copies of any original documents during your appointment.

To schedule an appointment:

- Verify you have completed this **entire form**,
- Gather all of the **documents listed above**, and
- Call **(409) 765-_____** to speak with _____

Please remember to bring this form and the documents to your scheduled appointment so that we may help you as quickly as possible! You can also email scanned documents to _____@stvhope.org

COVID-19

When you arrive, you **must wear a mask** during your entire appointment. If you do not have a mask, we can provide you one. If you or anyone in your household has tested positive for COVID-19 or been exposed to COVID-19 please tell us *before* you arrive for your appointment.

Your Information

Full Name

Address

Phone #

Date of birth: _____

For each of the options below, please write the **total monthly income for all family members**. Please write the amount (in dollars) on each line

\$ _____	Self-Earned Income	\$ _____	TANF
\$ _____	Spouse Earned Income	\$ _____	Pension from Former Job
\$ _____	SSI	\$ _____	Alimony or Spousal
\$ _____	Soc. Sec. Disability Insurance (SSDI)	\$ _____	Veteran's Disability Insurance
\$ _____	Veteran's Pension	\$ _____	Private Disability Insurance
\$ _____	Unemployment Benefits	\$ _____	Workers Compensation
\$ _____	Child Support	\$ _____	Section 8, Public Housing
\$ _____	Food Stamps / SNAP	\$ _____	Other Sources

Total monthly income: \$ _____

Do you receive any of the non-cash benefits below? (mark all that apply)

- Medicare
- Medicaid
- Children's Health Insurance Program (CHIP)
- VA Medical
- TANF Child Care
- TANF Transportation
- Other TANF Services
- Other Benefits: _____

Is anyone in your household a Veteran?

No Yes

Household Monthly Expenses

Please write the amount (in dollars) that your household spends on all the expenses below

Expenses

CATEGORY	Monthly Amount
Rent / Mortgage	
Property Taxes	
Renter's/Homeowner's Insurance	
UTILITIES	Monthly Amount
Electric	
Water	
Sewer	
Trash	
Gas	
TELEPHONE	Monthly Amount
Cell Phone	
Internet	
Home Phone	
Cable / Satellite	
Food	
AUTO	Monthly Amount
Car Payment	
Car Payment	
Insurance	
Repairs & Maintenance	
Gasoline	
License / Registration	
Transportation (Bus, etc)	

Subtotal Column 1: _____

Expenses

CATEGORY	Monthly Amount
Health Insurance / Cobra	
Deductibles, Co-Pays	
Prescriptions	
Other Medical/Dental Bills	
Life Insurance Premiums	
CHILD EXPENSES	Monthly Amount
Child Support	
Childcare / Daycare	
Tuition	
Room, Board	
Transportation	
Books	
Uniforms	
Sports, Clubs, Camps	
CREDIT CARDS	Monthly Amount
LOANS	Monthly Amount
Charitable Contributions	
OTHER EXPENSES	Monthly Amount

Subtotal Column 2: _____

