

# Hearts of Gold Application for Assistance

New      Update

last name	first	middle	phone #
address		city, state, zip	

Name of people in Family	Age	Relationship	Notes
		Myself	
		Spouse	

Non Family members should complete separate application for assistance

Employment / Assistance				Home    Do you own or rent?    Own                  Rent	
Employed?	Myself	yes	no	<b>Income</b>	Average Monthly Income                  \$
Employed?	Spouse	yes	no	Please provide any additional information you feel pertinent	
Employed? Other	(                  )	yes	no		
Workers Compensation	(                  )	yes	no		
Disability or SSI	(                  )	yes	no		
Social Security	(                  )	yes	no		
Child Support		yes	no		
Food Stamps		yes	no		
Housing Authority		yes	no		
WIC Program		yes	no		
Other Assistance					
Other Assistance					

For office use only:	Service:	1st yr	2nd yr	3rd yr	Senior  Disabled	Number	
	Approved by :						
	Date :						

I hereby state the information above is true and factual. This information is private between the person giving the information and the Hearts of Gold record keepers. I understand the items provided to the organization are donated and I release from all liability and hold harmless the Hearts of Gold, its suppliers and workers.

Signature of applicant ..... date .....

Identification Type: ..... Verified by ..... date .....