



Type of Request

_____ Education Assistance

_____ Housing Assistance

_____ Other _____

Application for Financial Assistance

You can apply for financial assistance if you need help paying for housing, education, or other emergency situation to help you become stable. Determined by our funding or availability of funding, SOH can provide full, partial, or temporary assistance on a one-time or specific period basis. Financial assistance is only available to participants who meet SOH's program eligibility and income requirements. If you have questions or need help completing this application, please call at 323-786-2413 or email info@thesoh.org.

An application for financial assistance is no guarantee of financial support. It is based on availability of funds, eligibility, and submittal of verifiable information.

All financial assistance requests are paid directly to the vendor (e.g. landlord, school, etc.) and must be submitted to SOH in writing along with an information waiver release so that we may verify information contained in this application and written request.

Personal Information

Applicant Name: _____

Mailing Address: _____

Telephone Number(s): Home: _____ Cell: _____

Email Address: _____

Social Security Number: _____

Household Information

List below the people in your household. Please list the dollar amount of the total monthly income that supports the household. Include money that is earned (paychecks, checking, entitlements, savings) as well as income that is not earned (welfare, unemployment, child support, gifts, grants).

Name	Birthdate	Relationship	Monthly Income	Income Type

Health Insurance Information

Medical Insurance? Yes _____ No _____

If "yes" print name of insurance company: _____

Medicare _____ Medicaid _____

Financial Information

Have you or members of your household had any seasonal or temporary increases or decreases in income? Or, do you expect your income to change in the next three months?

Yes _____ No _____ If yes, please describe: _____

Have you recently suffered severe financial hardship or personal loss (for example, loss of job or wages, loss of home, financial aid, public benefits, or other property, etc.?)

Yes _____ No _____ If yes, please explain: _____

Do the documents that you are including with this application show your current financial situation correctly?

Yes _____ No _____ If no, why not? _____

Are you receiving financial assistance elsewhere (e.g. utility assistance, rental assistance, etc.):

Applicant Worksheet

Net Monthly Income: Please indicate all sources of income.

Applicant: \$ _____

Other Household member: \$ _____

Other Income: \$ _____

Total Net Monthly Income \$ _____

Monthly Expenses: Please indicate your average monthly expenses for the following items.

Food: \$ _____

Utilities: \$ _____

Transportation: \$ _____

Telephone: \$ _____

Utilities: \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Total: \$ _____

Creditors: Please indicate the amount of all monthly payments and to whom the payment is made.

Rent: _____ \$ _____

Insurance (Auto): _____ \$ _____

Other Payment: _____ \$ _____

Other Payment: _____ \$ _____

Total: \$ _____

I understand that the information I am giving will be verified by Sanctuary of Hope and reviewed by others to verify. I grant SOH authorization to conduct a background check, credit check, or contact other parties to verify information in this application. I certify that the above information is true and accurate to the best of my knowledge. Any false or misleading information will be cause for termination of assistance at any time.

Applicant's Signature _____ Date _____

Required Documents

- Valid Identification
- Social Security Card
- Homeless Verification
- Proof of School Enrollment
- Proof of Income
- Bank Statements
- Ward of Court Documentation*

Supplemental Information

Financial Assistance for Housing - All requests for financial assistance for housing will require a housing inspection to ensure the housing meets basic housing quality standards. Owners of the property are required to complete a W-9 form and will have their ownership verified. If dealing with a property management company, proof of authorization to act on the owner's behalf will be required (including a sublet arrangement). If granted, financial assistance will be on a one-time basis for a specific period not to exceed 6 months. The specific period is determined in advance prior to any assistance payment to the landlord.

Financial Assistance for School - All requests for financial assistance for school will require a verification of enrollment and class schedules. Other information may be requested in the verification process.

Financial Assistance for Digital Access - All request for financial assistance for digital access such as phone or internet will be granted on a one-time basis for a specific period not to exceed 3 months and will not exceed \$40.

Financial Assistance for Other – All requests for financial assistance will be reviewed or considered to determine if it meets an education or housing stabilization purpose. This type of assistance is on a one-time basis.