

People for People Fund

P.O. Box 2046, Middletown, New York 10940 Telephone: (845) 343-1663 Fax: (845) 343-3763

APPLICATION FOR ASSISTANCE

The primary focus of this Fund is to help individuals who are normally WORKING, with a Long & Steady History of being Self-Supporting and taking care of their own needs, but are unable to do so when a recent, sudden and unexpected financial emergency arises.

It is expected that with our minor assistance*, the problem will be resolved and self-support continues. * There are budgetary limits and restrictions.

DIRECTIONS

- 1 Complete all parts of this application and submit with all information requested.
 - A. Include all documents to support your request. Please be specific in your request. Missing or incomplete information will cause a delay in processing.
 - B. Include a telephone number where you can be reached or where a message can be left for you. People for People volunteers may need to speak with you personally to clarify your situation.
 - C. If you have any questions, you may call the volunteer staff at the phone number above.
- 2 Provide PROOF of INCOME and information for all people who live with you:
 - A. WORK INCOME: Copies of the four (4) most recent Pay Stubs. If receiving or have recently applied for Worker's Compensation, short-term disability or unemployment benefits, provide that documentation in addition to the last four pay stubs.
 - B. OTHER INCOME: Provide copy of income statements regarding Pensions, Social Security Benefits, Child Support, Food Stamps. Furnish details for other income received, such as self-employment, tax refunds, rental income, dividends and interest, etc.
- 3 Include CURRENT RENT and/or MORTGAGE STATEMENT and UTILITY BILLS.
- 4 Provide copies of the UNPAID BILLS for which you request assistance.
 - A. If you are requesting assistance with RENT you must provide the following:
 - 1 A copy of the lease or rental agreement.
 - 2 A legally notarized statement of unpaid rent from the landlord. This statement must include the landlord's name, address, telephone number and tenant's payment history for at least the past six months.
 - 3 Proof of landlord's property ownership may be requested.
 - B. For assistance with AUTO insurance, repairs, or an existing auto loan, please provide all of the following:
 - 1 A copy of your driver's license.
 - 2 A copy of your vehicle registration, title and current loan statement.
 - 3 A copy of the policy and bill if the insurance is in effect -OR- two (2) estimates from different agencies for a new policy. Include cancellation notice from prior coverage.
 - 4 For auto repairs, you must provide at least two (2) estimates from different companies itemizing the work to be done.
- 5 You may be asked for additional information.

Note: Providing us with the above information is in no way to be construed that any payment will be made on your behalf. This is an information gathering process only before an approval or denial can be made or determined.

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FOR OFFICE USE ONLY	
File #:	_____
Entered by:	_____
Date:	_____
Ref.:	_____

Name: _____
 (LAST) (FIRST) (MIDDLE INITIAL)

Date: _____

Street: _____

Social Security #: _____

City/State/Zip: _____

Date of Birth: _____

Mailing Address: _____
 (IF DIFFERENT)

Phone/cell #'s: _____

County of Residence: Orange - Sullivan - Ulster - NE.Pike
 (circle one)

How Long at This Address? _____

Occupation: _____

Employer's Phone: _____

Employer's Name: _____

How Long Employed by Employer? _____

Employer's Address: _____

Are You a Veteran? _____

List all individuals living in home other than yourself:

Last Name	First Name	Relationship	Date of Birth	Soc. Sec. #	Occupation

** How did you hear of People for People Fund? : _____

WHAT are you seeking help with? Please be specific and include copies of those UNPAID bills for which you request assistance. If a repair is needed, you must include (2) written estimates. (Remember to include Proof of Income, current Rent or Mortgage statement and Utility bills with your application.)

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Please explain WHY you need assistance and the reason you cannot solve this problem yourself. What is the Recent, Sudden & Unexpected Event that has caused this financial emergency? Was it an injury, illness, lay-off, or other specific event? Please specify: _____
Date of Occurrence: _____ and anticipated Date of Return to Work: _____
Please be clear and provide details, along with Proof of Event and documents to support your situation and need.

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NOTICE

Your signature(s) indicates that you authorize People for People Fund's employees and volunteers to verify any and all information with applicable agencies, organizations, individuals and creditors. Your signature further indicates that all answers given on this application are true and accurate.

"False or misleading statements of a material fact may subject the applicant to prosecution under the New York State penal law"

Signature(s) of Applicant / Co-applicant: _____

Date: _____

Applicant's Household Financial Statement

Please provide proof of income and expenses.

MONTHLY INCOME (Do not enter weekly or bi-weekly figures):

Your Net Pay (enclose last four wks. pay stubs)	\$ _____
Spouse's Net Pay (enclose last four wks. pay stubs)	\$ _____
Net Pay of Others in Household (include names and last four wks. pay stubs)	\$ _____
Name: _____	\$ _____
Name: _____	\$ _____
Worker's Compensation or Short-term Disability (include proof and last pay stubs)	\$ _____
Unemployment Benefits (include proof and last pay stubs)	\$ _____
Pensions (include proof)	\$ _____
Social Security Benefits (include proof)	\$ _____
Alimony/Child Support (paid to you) (include source and proof)	
Source: _____	\$ _____
Other Income -- food stamps, self-employment, rental income, dividends, interest, etc. (include proof)	
Source: _____ SNAP/ Food Stamps:	\$ _____
Source: _____	\$ _____
Source: _____	\$ _____
Total Monthly Income: \$ _____	

MONTHLY EXPENSES (Enter monthly costs, not total amount owed):

Mortgage(s) and Property Taxes	\$ _____
Rent (if Subsidized, your share only)	\$ _____
Groceries & Household Items	\$ _____
Meals out (work, school lunches, other)	\$ _____
Clothing (include laundry and cleaning)	\$ _____
Child Care	\$ _____
Transportation (gas, bus, taxi fares, tolls, parking) -- circle those included	\$ _____
Alimony/Child Support (paid by you)	\$ _____
Medical (include co-pays and prescriptions not covered by insurance)	\$ _____
Electricity	\$ _____
Oil / Gas / Propane / Kero. -- circle those included	\$ _____
Water / Sewer / Trash Removal -- circle those included	\$ _____
Telephone and Cell Phone	\$ _____
Cable, Satellite TV, etc.	\$ _____
Insurance (home, apartment, life, health, dental, auto) -- circle those included	\$ _____
Auto loan(s)	\$ _____
Other expenses -- credit cards, loan payments, tuition, etc.	
Source: _____	\$ _____
Source: _____	\$ _____
Source: _____	\$ _____
Total Monthly Expenses: \$ _____	

Please note: You may be asked to explain circumstances in more detail.