

# Gifts of Hope Unlimited

## Financial Assistance Application

Please complete this form to request financial assistance from The Gifts of Hope Unlimited Financial Assistance Fund.

An interview with a member of the GOHU Finance Committee may be necessary to complete the application.

To help you better understand the guidelines GOHU uses to provide financial assistance please read the Policies and Guidelines information you received with this application.

Email the completed form to: Nadene Worth at [nadeneworth@gmail.com](mailto:nadeneworth@gmail.com) ***THIS FORM MUST BE COMPLETED, AS IT WILL NOT BE GOING TO THE SOCIAL WORKER.***

Amount requested: \_\_\_\_\_

Name and address of the vendor the funds will be sent to:

\_\_\_\_\_

Date the obligation was due and the reason it is unpaid:

\_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt. # \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

1. Please list all other members of your household:

Name	Date of Birth	Relationship to Applicant	Occupation	Dependent?
------	---------------	---------------------------	------------	------------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

---

---

---

---

---

2. Please explain, briefly, the circumstances that have led you to seek financial assistance:

---

---

3. The name, address and phone number of the vendor (utility company or business) that you would like us to pay. **Attach a copy of the bill you would like to have paid.**

---

---

4. Is this request being made because of a change in child support payments and/or alimony payments? If so, please describe.

Yes    No

---

5. How did you hear about the Gifts of Hope Unlimited Financial Assistance Fund?

---

6. Have you applied for (or are you receiving) any other financial assistance? If yes, please indicate which of the following resources you benefit from:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Food Pantry          | <input type="checkbox"/> Hope Sudbury                     | <input type="checkbox"/> Budget buddies              |
| <input type="checkbox"/> Mass Health/Medicare | <input type="checkbox"/> Other relief from religious org. | <input type="checkbox"/> Clothing Exchange           |
| <input type="checkbox"/> Fuel Assistance      | <input type="checkbox"/> Utility Assistance               | <input type="checkbox"/> Saint Vincent DePaul        |
| <input type="checkbox"/> Housing subsidy      | <input type="checkbox"/> SNAP/nutritional assistance      | <input type="checkbox"/> Bankruptcy/Other tax relief |

7. Please explain other types of assistance you are receiving, in addition to answers to question 6.

---



---

8. PREVIOUS GIFTS OF HOPE UNLIMITED APPLICANTS

Have you previously received assistance from The Gifts Of Hope Unlimited?  Yes  No

If so, when? Month \_\_\_\_\_ Year \_\_\_\_\_

**Consent:** Gifts of Hope Unlimited is committed to protecting and respecting your privacy and will use your personal information to administer your account and to provide products and services requested from us.

I agree to Gifts of Hope Unlimited’s storage and processing of my personal data.

**CERTIFICATION AND RELEASE OF INFORMATION**

I certify to the best of my knowledge that the information provided is complete and accurate. I authorize The Gifts of Hope Financial Assistance Committee to verify any information provided.

I understand that information provided, with names omitted, may be shared with the Financial Assistance Committee and GOHU board members for the purpose of program review and planning.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: December 17, 2020