

FALL RIVER HELPING HANDS, INC.

1150 N 3400 E
Ashton, ID 83420
208-652-7431
800-632-5726
Fax 208-652-7825



APPLICATION FOR DISTRIBUTION OF INDIVIDUAL / FAMILY HELPING HANDS EMERGENCY FUNDS

Please fill in all questions. Failure to do so could result in denial of requested funds. You must have an active Fall River Electric account or supply a rental agreement stating you are living in the residence that receives power from Fall River Electric.

Household Information

Fall River Electric Account # _____

Name _____

Street Address _____ Mailing Address _____

City _____ State _____ Zip _____ County _____

Contact Phone _____ Alternate Phone _____

Did you move into the Fall River Cooperative system within the past 12 months? No Yes Date: _____

Currently receiving energy assistance, LIHEAP, or food stamps? No Yes date: ____ Haven't applied

Have you received assistance from Fall River Helping Hands in the past? No Yes

Helping Hands assistance is limited to 3 years, unless extenuating circumstances or extreme need are presented and approved by the board.

Household Members (Please attach additional sheet if needed.)

1. _____
Last Name First Initial Relationship Social Security #

2. _____
Last Name First Initial Relationship Social Security #

3. _____
Last Name First Initial Relationship Social Security #

4. _____
Last Name First Initial Relationship Social Security #

5. _____
Last Name First Initial Relationship Social Security #

6. _____
Last Name First Initial Relationship Social Security #

Sources of Income

Begin with last month and go back three (3) months. IF THERE IS ANY TIME PERIOD OF ZERO (0) INCOME, PLEASE EXPLAIN YOUR MEANS OF SURVIVAL. **Copies of documentation to prove all income must be included.**

First Person

Month	Year	Sources and Amounts of Gross Income (Please specify each source of income and who received it. Include paystubs or verification of income.)	Total Gross Income for Month
Example - June	2019	John - ABC Company - \$600; Social Security \$650	\$1,250
1.			
2.			
3.			

Second Person

Month	Year	Sources and Amounts of Gross Income (Please specify each source of income and who received it. Include paystubs or verification of income.)	Total Gross Income for Month
Example - June	2019	Mary - Unemployment - \$300; Child Support - \$250	\$550
1.			
2.			
3.			

Please answer all questions for each of the resources listed below for all household members regardless of relationship. **If the resource listed does not apply to your household, please print “none” under each section headed “financial Institution.”**

RESOURCE	FINANCIAL INSTITUTION	CURRENT VALUE
1. Cash and/or Checking Account(s)		\$
2. Savings Account(s)		\$
3. Value of business assets, rental properties or property leases. (Self-employed households must provide this information).		\$
4. Property/real estate other than the home in which you live and its adjoining land.		\$

Monthly Expenses				
Housing (rent or mortgage)	\$	Insurance	\$	
Food	\$	Medical	\$	
Utilities (electric/phone/other)	\$	Gas/Diesel	\$	
Loans (other)	\$	Other expenses	\$	

Transportation (auto payment) \$ _____	TOTAL MONTHLY EXPENSES	\$ _____
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Reason for Request for Donation: (Include amount requested and specific use of funds. For example: \$300 Fall River electric bill, \$300 Fall River Propane, \$250 one cord of firewood, \$200 Conservation efforts.) **Please provide details**

The information contained in this statement is for the purpose of obtaining emergency funding from the Fall River Helping Hands program on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding grant funding and each undersigned represents and warrants that the information provided is true and complete and that Fall River Helping Hands Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. Fall River Helping Hands Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature of applicant/recipient

Printed Name

Date

Signature of recommending organization - such as LIHEAP, Special Services, County agency or church official.

Organization _____

Phone Number _____

Print Name _____

Signature _____

Please verify all information is completed to expedite the application. Checklist of necessary information:

- _____ 1. Completed application – All questions have been answered.
- _____ 2. Copies - previous energy assistance funds received or record of denial. This includes LIHEAP and/or food stamps. **Signature from recommending organization is required.** Energy Assistance number Idaho: 208-522-5391, Montana: 406-587-4486, Wyoming: 307-739-4500.
- _____ 3. Copies – Identification card, Driver’s License, or Social Security card of applicant.
- _____ 4. Copies - proof of income – past 3 months.