



INSTRUCTIONS FOR APPLICATION

River of Hope, 796 S. Hwy 288B, Clute, Texas. 979-299-9464
Office inside The Brazoria County Dream Center.

There may be changes through out this 2016 year. Be advised River of Hope will post changes as soon as possible. You may also call ahead to check time and date changes.

Mondays: Information only 9:00am to 12:00pm.

Wednesday: 9:00a.m. SHARP! to 12:00p.m.

Wednesday: Last Wednesday of each month CLOSED

**You will need to bring this packet with the application complete (front and back) along with the enclosed checklist and needed documentation.

In order to receive assistance from River of Hope, you must be a resident in the Brazosport Independent School District; 77531 - Clute, Richwood. 77566 - Lake Jackson. 77541 - Freeport, Oyster Creek, Jones Creek, Surfside & Quintana.

You must also have had a crisis in the past 4 months that has affected your income or expenses. You must have documentation of this crisis. An example of this would be a job termination notice, a recent paid hospital bill showing a medical condition, a car repair receipt from creditable repair shop, etc. A high utility bill, quitting your job, and exhausting unemployment benefits is not a crisis.

Bring all listed documentation. *If you are missing any listed documentation, You Will Not be interviewed for assistance.*

River of Hope helps clients every six months; after the second time client must take a Financial Stability Course or Employment Course. You must show proof of courses taken and bring proof to River of Hope.

River of Hope only helps with a portion of Rent or Utilities. Balance due must be paid and receipts shown to River of Hope before we can release our funds on your behalf.

DOCUMENTATION REQUIRED FOR RIVER OF HOPE ASSISTANCE

CHECK "YES" OR "NO" TO THE FOLLOWING QUESTIONS:

.You **must** bring documentation of all your "YES" answers with you for interview.

APPLICATION MUST BE COMPLETE

*****River of Hope only helps with a portion of Rent or Utilities*****

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Must be a resident of BISD (Brazosport Independent School District) Zip codes: 77566, 77541, 77531. |
| <input type="checkbox"/> | <input type="checkbox"/> | Must have current Texas Department of Safety issued Drivers License or picture ID over the age of 18. |
| <input type="checkbox"/> | <input type="checkbox"/> | Must have Social Security Cards for every person in home? <i>Must be the actual card! No exceptions!</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Must have had a crisis with in the last 4 months* |
| <input type="checkbox"/> | <input type="checkbox"/> | Must have documentation of this crisis? |
| <input type="checkbox"/> | <input type="checkbox"/> | Must have proof of all monthly bills and other expenses for the previous 30 days.
We must be able to document the 'need' for assistance. |

- *A crisis is something that has affected your income or expenses. You must have documentation of this crisis. An example of this is; job termination notice, a recent paid hospital bill showing a medical condition, a car repair receipt from Repair Shop, etc. A high utility bill, quitting your job, unemployment ran out, DOES NOT qualify as a crisis.

STOP! If you cannot answer YES and supply all documentation to all above questions, River of Hope cannot assist you at this time

Proof of Income

- | YES | NO | | YES | NO | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Current or Past Employment
(Last 4 paycheck stubs – or Employment Letter) | <input type="checkbox"/> | <input type="checkbox"/> | Self-employment |
| <input type="checkbox"/> | <input type="checkbox"/> | Retirement or Pension | <input type="checkbox"/> | <input type="checkbox"/> | Worker's Compensation |
| <input type="checkbox"/> | <input type="checkbox"/> | Unemployment check | <input type="checkbox"/> | <input type="checkbox"/> | Social Security |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Child Support |

- Any Adult under the age of 62 and not employed full time (30 hours or more each week), and is not legally declared handicapped by SSI or a licensed doctor, must register with the Texas Work Source either in person or on Internet, and must have print out of this registration at time of interview.
- If you have had 'NO INCOME' within the previous 30 days, you will need written statements and copies of the I.D.'s from two (2) witnesses who have knowledge of how you have been meeting your living expenses.

Proof of Government Assistance

- | YES | NO | | YES | NO | |
|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Food Stamp Award Letter | <input type="checkbox"/> | <input type="checkbox"/> | Medicaid or Medicare |
| <input type="checkbox"/> | <input type="checkbox"/> | TANF Award Letter | <input type="checkbox"/> | <input type="checkbox"/> | WIC |
| <input type="checkbox"/> | <input type="checkbox"/> | Section 8 or HUD Housing Award Letter | <input type="checkbox"/> | <input type="checkbox"/> | Disability SSI or SSIDI |

Proof of Residency

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Rental lease (<u>MUST HAVE</u>) Lease – is a binding contract between you and landlord. |

What type of assistance are you seeking (we can only help with one)

- | YES | NO | | YES | NO | |
|--------------------------|--------------------------|------|--------------------------|--------------------------|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Rent | <input type="checkbox"/> | <input type="checkbox"/> | Utility |

Information needed for Rental Assistance

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | You must have Late or Eviction notice Stating how much is owed. |

Information needed for Utility Assistance *

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Disconnect notice and two Month's history of that bill |

- If you are applying for financial assistance for a bill that is not in your name, you will need a letter from the person whose name appears on the bill stating why the account is in his/her name. We will also need that person's current address (proving he/she does not live at the same address) and a copy of that person's picture ID; as well as a similar letter and picture ID from one other source that can verify the information your are submitting.

APPLICATION MUST BE COMPLETELY FILLED OUT!!

RIVER OF HOPE 2016 APPLICATION

PERSONAL INFORMATION

Date of Application:		Social Security Number: - -	
First Name:	MI:	Last Name:	Suffix:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Female: Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No
Race: <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other _____			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law			
Education: <input type="checkbox"/> In School/Working on Degree <input type="checkbox"/> Received Vocational training/apprenticeship <input type="checkbox"/> Highest Grade Completed _____ <input type="checkbox"/> GED			

EMERGENCY/ALTERNATE CONTACT INFORMATION

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

CURRENT LIVING SITUATION

Length of Stay in previous place of residence: 1 year or longer More then 3 months, but less then 1 year
 1 to 3 months More then 1 week, but less then 1 month Less then 1 week

Type: Own House/Apartment Rental House/Apartment Living with Family Living with Friends
 Substance Abuse Treatment Center Subsidized Housing Hotel/Motel Other: _____

U.S. Military Veteran? Yes No Zip Code of Last Permanent Address? _____

Housing Status: Literally Homeless Housed and at imminent of losing housing
 Housed and at risk of losing housing Stably Housed Don't know

RESIDENTIAL INFORMATION

Street Address:	Apt. No.
City, State, & Zip Code	
Home Phone:	Cell Phone:

DISABILITY TYPE (HEAD OF HOUSEHOLD ONLY)

NONE Developmental/Mental Disorder Alcohol Abuse Drug Abuse Dual Diagnosis HIV/AIDS

Other: Physical/Medical Physical/Mobility Limits Vision Impaired Hearing Impaired

Is your Disability of Long Duration? Yes No

Health: Excellent Very Good Good Fair Poor

WHO LIVES IN YOUR HOUSEHOLD?

Last Name	First Name, MI	DOB	Relationship to the head of household	Social Security NO.	1- Asian 2- Black 3- White 4- Hispanic 5- Other

APPLICATION MUST BE COMPLETELY FILLED OUT!!

Last Name	First Name, MI	DOB	Relationship to the head of household	Social Security NO.	1- Asian 2- Black 3- White 4- Hispanic 5- Other

CURRENT MONTHLY INCOME:

WAGES:	SSI:	TANF:
UNEMPLOYMENT:	CHILD SUPPORT:	PENSION:
WORKMAN'S COMP:	VA PENSION:	Other:
OTHER:	TOTAL: \$	

NON-CASH INCOME:

MEDICAID:	SECTION 8 HOUSING:	OTHER:
MEDICARE:	SECTION 8 UTILITIES:	OTHER:
FOOD STAMPS:	WIC:	TOTAL: \$

LIVING EXPENSES

RENT:	NATURAL GAS:	FOOD/TOILETRIES:
ELECTRIC:	CHILD SUPPORT:	CABLE:
WATER:	TELEPHONE:	OTHER:
GAS FOR AUTO:	AUTO INSURANCE:	AUTO PAYMENT:
TOTAL: \$		

OTHER ASSISTANCE RECEIVED:

ARE YOU CURRENTLY ON ANY OTHER RENTAL ASSISTANCE PROGRAM (SEC 8, USDA, ETC) YES NO

HAVE YOU RECEIVED ANY OTHER ASSISTANCE WITH YOUR BILLS? YES NO IF YES, WHAT TYPE OF ASSISTANCE? _____ WHEN? _____

ASSISTANCE? _____ WHAT AGENCY? _____ WHEN? _____

ASSISTANCE? _____ WHAT AGENCY? _____ WHEN? _____

DESCRIBE YOUR SITUATION AND THE ASSISTANCE YOU ARE REQUESTING

I solemnly swear (or affirm) that the information and statements included on this form and all information furnished in support of this application are true and correct to the best of my knowledge. I also understand that **GIVING FALSE OR FRAUDULENT INFORMATION IN CONNECTION WITH THIS APPLICATION IS PROHIBITED BY LAW.**

The information provided herein is protected by law. The purpose for disclosure of the above information is for the sole use of data reporting to the US Dept of Housing and Urban Development. By signing below you authorize the use of your information for reporting purposes only and this authorization will expire exactly one year from the date of your signature below.

Signature of applicant:	Date:
Caseworker Signature:	Date:



**AUTHORIZATION AND RELEASE
OF CONFIDENTIAL INFORMATION**

In consideration of the services to be undertaken or rendered by River of Hope, its members, agents or affiliated organization (herein after referred to as "ROH", to the client _____, Client hereby authorizes ROH to receive, from any and all sources, and to release to any person of another organization confidential information regarding client which may be necessary or useful to ROH in relation to the services to be rendered except medical information. Client hereby release ROH from all liability in anyway related to the receipt and/or release of said confidential information.

I further understand the release of this information does not guarantee that assistance will be provided, but that without the information my case cannot be in the consideration of the services to be undertaken or rendered considered by ROH.

Client

Date

ROH Case Worker

Date