



## Assistance Request & Verification Form

*Completion of this form does not guarantee assistance.*

Thank you for contacting Angels of Hope Ministry. This form helps us verify requests and responsibly steward donations entrusted to our ministry. Please answer honestly and provide documentation when requested.

### APPLICANT INFORMATION

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
**Current Address:** \_\_\_\_\_ **City/State/ZIP:** \_\_\_\_\_  
**How long at this address?** \_\_\_\_\_ **Best time to contact:** \_\_\_\_\_  
**Adults in household:** \_\_\_\_\_ **Children in household:** \_\_\_\_\_  
**Marital Status:**  Single  Married  Divorced  Widowed

### REQUESTED ASSISTANCE

**What type of assistance are you requesting?**

- |   |   |
|---|---|
| <input type="checkbox"/> Food               | <input type="checkbox"/> Transportation     |
| <input type="checkbox"/> Clothing           | <input type="checkbox"/> Medical Needs      |
| <input type="checkbox"/> Hygiene Items      | <input type="checkbox"/> Funeral Assistance |
| <input type="checkbox"/> Utility Assistance | <input type="checkbox"/> Emergency Housing  |
| <input type="checkbox"/> Rent Assistance    | <input type="checkbox"/> Other: _____       |

**Please explain your current situation and need for assistance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FINANCIAL INFORMATION

**Current Employment Status:**

- |   |                                     |                                  |
|---|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Employed Full-Time | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Disabled   |                                  |

**Employer Name:** \_\_\_\_\_

**Monthly Household Income:** \_\_\_\_\_

**Do you currently receive assistance programs?**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> SNAP           | <input type="checkbox"/> Medicaid           | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> SSI/Disability | <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Other: _____ |

## DOCUMENTATION REQUIRED

Please provide copies of the following when applicable:

Valid Photo ID

Proof of Address

Utility Bill

Eviction Notice

Medical Documentation

Income Verification

Other Supporting Documents

*Failure to provide documentation may delay or prevent assistance.*

## REFERENCES

Please provide two references who can verify your situation.

### Reference #1

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

### Reference #2

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

## SOCIAL MEDIA / ONLINE VERIFICATION (Optional)

Facebook: \_\_\_\_\_

TikTok: \_\_\_\_\_

Other: \_\_\_\_\_

## APPLICANT AGREEMENT

I certify that the information provided is true and accurate to the best of my knowledge. I understand that providing false information may result in denial of assistance and disqualification from future services through Angels of Hope Ministry.

I authorize Angels of Hope Ministry to verify the information provided, including contacting references, landlords, employers, agencies, churches, or other organizations when necessary.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## OFFICE USE ONLY

Date Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Verification Completed:  Yes  No Approved:  Yes  No

Type of Assistance Provided:

Follow-Up Needed: \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_