

HeartsWHope@gmail.com

Applicant's Personal Information

PO Box 365, Woonsocket, RI 02895

Request for Financial Assistance

Hearts with Hope, Inc. is dedicated to raising money and providing support for the benefit of Woonsocket High School Alumni and/or their immediate families who have been diagnosed with a serious medical condition or suffered a catastrophic life event and have demonstrated a need for financial assistance or support.

This form must be completed for all requests for assistance from Hearts with Hope, Inc. The organization reserves the right to approve, deny, or postpone (pending further information) any requests. For request approvals, Hearts with Hope, Inc. reserves the exclusive right to adjust the original request and determine the final method or amount of assistance, depending on a beneficiary's need and the organization's available resources.

To process your application for aid, please fill out the following form in its entirety.

Applicant 3 reisonal inio	IIIIatioii					
(person who will benefit from this appli	cation, if appl	ication is for	funeral costs,	please fill out in	the name of	f the deceased)
Last Name:		First Name:			Middle	e Initial:
Address:						
City:			State:		Zip Co	de:
Home Phone:	Cell Phone:			Email:		
Assistance requested by: (person filling out application)	Relationship to beneficiary:					
Address:						
Home Phone:	Cell Phone:			Email:		
Is the beneficiary aware of this	Woonsocket High School Graduation Y			on Year:	□ Be	neficiary Spouse
request being filed?	(check the box	k associated t	o the alumni)		 □ Signi	ficant Other
. 5			,	,		nt Sibling Child
Applicant's Household/Fami	ly Informa	ation (list al	l dependents i	including the ap	plicant that l	ive in the household)
Name:		Relation:			Age:	
Name:			Relation:			Age:
Name:			Relation:			Age:
Name:			Relation:			Age:
Name:			Relation:			Age:
Name:			Relation:			Age:

Applicant's Household Income:						
(Please list monthly total for the entire applicant's h	ousehold)					
		Monthly Amount:				
Wages/Self-Employment/Unemployment:						
Pensions:						
Social Security/SSI/SSDI:						
Child/Spousal Support:						
401K Plans/Other Annuity Payments:						
Veteran's Administration (VA) Benefits:						
Public Assistance (WIC, food stamps, EBT):						
Income from Dividends, Interest, Rent:						
Other (please explain):						
		Total Income:				
Applicant's Assets: (Please list monthly total for the entire applicant's h	ousehold)					
Checking Account Balance:						
Savings Account Balance:						
CD's/Bonds/Stocks/IRAs, etc (total balances):						
Trust Fund/Annuities						
·	NA					
·	Property Assets: Home Mortgage Balance:					
Property Assets: Rental/Vacation Mortgage B		e: 				
Auto: Make/Model/Year:	Loan Balance:					
Auto: Make/Model/Year:	Loan Balance:					
Other Assets (please explain):						
Applicant's Household Expenses: (Please list monthly total for the entire applicant's h	ousehold)					
	Monthly Payr	ment:				
Mortgage/Rent:						
Auto Loan/Lease:						
Phone:						
Cable/Internet:						
Subscriptions (ie. Netflix):						
Water/Gas/Oil:						
Credit Cards:						
Bank Loans:						
Taxes: Personal/Real Estate:						
Medical/Prescription:						
Child Care/Child/Spousal Support:						
Insurance: Car						
Insurance: Home						
Insurance: Health						
	Total Expens	es:				

Indicate the total amount you are requesting from Hearts with F Please describe below what you are requesting funds for.	Hope Inc.? Total Amount Requested: \$
I certify that the information on this application is true and correct Heart's with Hope immediately of any change in my income or pe information could jeopardize my financial assistance. Hearts with discretion. Failure to respond to requests for additional informati awards are made in Hearts with Hope's sole and absolute discretion	rsonal situation. I understand that false or incomplete I Hope may request additional information in its sole ion will result in denial of your request. All assistance
Signature of person filling out application:	Date:
Printed name of person filling out application:	

Thank you for the opportunity to serve a *Novan in Need*. Please know that Hearts with Hope, Inc. receives many requests for assistance, and unfortunately not all requests can/will be granted. Decisions are made by majority vote of the Board and will be made with all due diligence. You will be notified of the Board's decision by the preferred method of contact you provide.

You may be required to provide further information to include, but not limited to, a full disclosure of assets and financial information, criminal records, etc. This may include copies of financial records such as tax returns and bank statements. Refusal to provide this information is the right of the requester/beneficiary, however; the request for assistance will be denied.

Any willfully false information provided will result in the termination of any award and demand for a return of any funds already paid.

Every application/decision will be kept on file.

Hearts with Hope, Inc. does not discriminate between applicants based on race, color, sex, age, or disability.

Please do not mark below this line Application Decision: Approved

Application Decision:	Approved	Denied	Postponed
Reason for Denial:			
Reason for Postponement and pla	n of action:		
For Approvals, final method of ass	istance:		
Signature:		Date:	
Secretary or designee:			
President or designee:			