

Applicant's Household Income: (Please list <u>monthly</u> total for the entire applicant's household)	
	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 <u>monthly</u> total for the entire applicant's household)	
Checking Account Balance:	
Savings Account Balance:	
CD's/Bonds/Stocks/IRAs, etc (total balances):	
Trust Fund/Annuities	
Property Assets: Home	Mortgage Balance:
Property Assets: Rental/Vacation	Mortgage Balance:
Auto: Make/Model/Year:	Loan Balance:
Auto: Make/Model/Year:	Loan Balance:
Other Assets (please explain):	

Applicant's Household Expenses: (Please list <u>monthly</u> total for the entire applicant's household)	
	Monthly Payment:
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 Expenses:

Introduction: Please give us a full statement as to the situation you are seeking assistance with. Be sure to include enough information to allow the Board to fully understand the gravity of the problem.

Indicate the total amount you are requesting from Hearts with Hope Inc.?

Total Amount Requested: \$ _____

Please describe below what you are requesting funds for.

I certify that the information on this application is true and correct to the best of my knowledge. I agree to inform Heart's with Hope immediately of any change in my income or personal situation. I understand that false or incomplete information could jeopardize my financial assistance. Hearts with Hope may request additional information in its sole discretion. Failure to respond to requests for additional information will result in denial of your request. All assistance awards are made in Hearts with Hope's sole and absolute discretion.

Signature of person filling out application: _____ Date: _____

Printed name of person filling out application: _____

Novans take care of their own. . . .

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

Denied

Postponed

Reason for Denial:

Reason for Postponement and plan of action:

For Approvals, final method of assistance:

Signature:

Date:

Secretary or designee:

President or designee: