

**THE HOPE AND HELP NETWORK
APPLICATION FOR ASSISTANCE**
www.thehopeandhelpnetwork.org – 215-301-1436
information@thehopeandhelpnetwork.org

REQUEST FOR ASSISTANCE

Please answer all questions as completely as possible. Once completed, please send it to information@thehopeandhelpnetwork.org.

Once the application is received, we will notify you about next steps.

Rental Assistance: _____ Utility Assistance: _____ Other Assistance: _____

Name of Applicant: _____

D.O.B.: _____ Phone # _____

Email address: _____

How many people live in your household? _____ adults _____ children

Address: _____

If in need of rental assistance: How much do you owe in total? _____

How much is your monthly rent? _____

If in need of utility assistance: How much do you owe in total? _____

Who is your electric provider? _____

If PECO, what is your account number and the phone number associated with the account?

If you need assistance with heat: What is the name of the Heat Provider? _____

Have you applied for LIHEAP or Emergency LIHEAP? If yes, what were the results?

Sources of Income:

Source of Monthly Income: SSI____ SSD____ SS Retirement____ Employment:

If employed, name of employer:_____ # hours per week worked_____

Hourly rate:_____ How often are you paid?_____ Length of employment:_____

Total Amount of Monthly Income: Government_____ Employment_____

EXPENSES:

Living Expenses: Monthly Rent or Mortgage payment:_____

Landlord Information:

Name:_____

Address:_____

Phone #:_____

Utilities:

Electric Provider:_____ **Monthly Bill amount**_____

Acct#_____

Phone # associated with account:_____

Does Electric include heat?_____

Source of Heat:

Gas ____ **Oil**_____

If Oil who is provider:_____ **Phone #**_____

If Gas, who is the provider:_____ **Acct #**_____

