



info@angelsinspiredinc.org
www.angelsinspiredinc.org

PO BOX 259, INSTITUTE, WV 25112
(304) 767-8923

Application For Angels Inspired, Inc. Services

Date: _____

Contact Information

Full Name: _____

Physical Address: _____

Mailing Address (if different from above): _____

Phone Number: _____

Work Number: _____

Cell Number: _____

Additional Information

Date of Birth: _____

Place of Employment: _____

Annual Income: _____

Are you a student? Yes No

If you are a student, name the educational institution: _____

Highest level of education: _____

Have you ever been convicted? YES NO

If Yes, what was the reason for conviction: _____

Have you ever been exposed to drugs, whether usage, convicted of drug charges, or any other?
YES NO



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Expenses

Please give an estimate of the following expenses per month:

Food: _____

Insurance: _____

Rent: _____

Utilities: _____

Student Loans: _____

Child Care Expenses: _____

Personal Necessities: _____

Other: _____

Assistance

Do you receive any of the following programs?

SNAP YES NO If Yes, please state the amount: _____

TANF YES NO If Yes, Please state the amount: _____

Medicaid YES NO

Medicare YES NO

HUD YES NO If Yes, Please state the amount: _____

Clothing Voucher YES NO If Yes, Please state the amount: _____

Connect YES NO If Yes, what is the out of pocket cost: _____

Grants YES NO If Yes, amount: _____

Loans YES NO If Yes, amount: _____



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SSI/Disability YES NO If Yes, amount: _____

Unemployment YES NO If Yes, amount: _____

Child Support YES NO If Yes, amount: _____

Do you receive any money from alimony? Yes No Amount: _____

Do you own a bank account? YES NO Current balance: _____

Household

How many people live in your household (including yourself)? _____

How many are under the age of 18 (including yourself)? _____

List the names, relationship, and date of births for all members in the household:

Relationship to Applicant	Full Name	Date of Birth
Applicant (HEAD)		

Type of service requesting:

One time monetary assistance: YES NO Amount requested: _____

One time clothing assistance: YES NO

One time food assistance: YES NO

Christmas assistance: YES NO

GED program assistance: YES NO

Reason for assistance:

References:



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List two references, including their address and phone number below:

Name of Reference: _____

Address: _____

Phone Number: _____

Name of Reference: _____

Address: _____

Phone Number: _____

Checklist:

A copy of the following items should be received along with this application:

- Copy of driver's license or identification card
- Copy of most recent pay stubs up to 3 months if employed
- Copy of most recent tax records
- Copy of all forms of assistance (TANF, SNAP, HUD, etc.)
- Copy of student awards showing loans and grants if student
- Copy of all members over 18 in household assistance, tax records, and pay stubs where applicable

Personal Statement:

This certifies that I, _____ is applying for Angels Inspired, Inc. assistance program. All information submitted here, along with the proof provided is to the best of my knowledge. Any attempt at falsifying information would be punishable by a fine of \$250 or persecution in the court of law in accordance to the rules of the program. I understand that this program is to benefit me for one time period during the said year. I have read, and fully understand the rules of the program, and will therefore comply with these rules.

Applicant's Signature



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-----**FOR INTERNAL USE ONLY**-----

Date application received:

All accompanying documents to support application received: YES NO

Face to face interview done with applicant: YES NO

Status of Application: Approved Denied

If denied, reason for denial:

If approved, approval letter along with further information sent: YES NO

Date:

Executive members deliberation and signatures:

Douglas Smith II: Approve Deny Signature:

Portia Smith: Approve Deny Signature:

Phillip Ruff: Approve Deny Signature:

James Tuell: Approve Deny Signature:



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Angels Inspired, Inc. Assistance Program

The Angels Inspired, Inc. Assistance Program was created to assist individuals who are in the process of attempting to improve their life situations by returning to school or engaging in gainful employment. The program provides assistance in the following forms:

- Monetary Assistance – Providing a one time cash amount to the individual or family
- Clothing Assistance – Providing clothing and accessories, whether used or new to individuals or family
- Food Assistance – Providing food for individuals or family in need
- Christmas Assistance – Providing gifts to the children of a needy family
- GED Assistance – Providing materials or the cost of the exam for an individual wishing to gain their GED

Disclaimer:

If the organization comes the realization that the applicant falsified information on the application, the applicant will be fined \$250 or prosecuted in the court of law.

Rules of Eligibility

1. Applicant **MUST NOT** make more than \$1340.00 a month or \$16,080 annually.
2. Applicant is only allowed to apply for assistance **ONCE** per year.
3. Application will not be assessed if all supporting documents are not received.
4. Applicant must be 18 years or older to apply.
5. Applicant or anyone in their household should not have been convicted or involved in any child endangerment, child pornography, child neglect, or child pedophilia cases. That would result in an automatic denial.
6. Applicant must complete a personal face-to-face interview with an executive member.
7. A certified notary public should notarize each application.

How To Submit

Application, along with all supporting documents may be submitted via mail:

Angels Inspired, Inc. Assistance Program
P.O BOX 259
INSTITUTE, WV 25112

Or the information may be scanned and emailed to:

info@angelsinspiredinc.org

Application is available for download on the website:

www.angelsinspiredinc.org