



The Hub

HEARTS UNITED FOR BRISTOL

Staff use only

Application #: _____

Case #: _____

**The HUB – Hearts United for Bristol
Financial Assistance Application
303 East Vistula Street
Bristol, IN 46507
(Please use door that faces Vistula Street)**

***Questions about applications and to set up an appointment, please call 574-390-0976**

****Applications may be returned/submitted to Bristol Town Hall and placed in the black payment box that hangs on the wall in the breezeway (this is the same box that is used for utility payments). They may also be returned/submitted during Bristol Community Food Pantry hours on Thursdays, 9-11 am, 1-3 pm and 6:30-8 pm.**

Please Print

Applicant:

Last Name _____ First Name _____ MI _____ Birthdate _____

Address _____ Email _____

Phone # (_____) _____ Alt Phone # (_____) _____ Can we leave messages on phone? Yes No

Do you live in Washington Township? ___ Yes ___ No

List EVERY member of the household, including yourself. Include the relationship of each member to the head of household. (*Indicates required information for HUD statistical reporting purposes.)

Household Composition:

Member Full name	Date of Birth (Month/Day/Year)	Gender (female/male/non-binary)	*Race (see code)	*Hispanic? (yes/no)	Relationship Status (see code)	Military Status (see code)	Health Insurance (see code)	Disabled? Y/N	Employment Status (see code)	Education (see code)
Head:										

<p>Race Codes: A-Asian; AA-Black or African American AI/AN-American Indian or Alaska Native; A/PI-Asian/Pacific Islander; AI/AN&W- American Indian/Alaskan Native & White; A&W- Asian & White; AA&W-Black/African American & White; AI/AN&AA- American Indian/Alaskan Native & Black/African American; NH/PI-Native Hawaiian or Pacific Islander; W-White or Caucasian; O-Other Multi-racial</p>		<p>Relationship Status S-Single; R-In a relationship/not married; M-Married; SP-Separated; D-Divorced; W-Widowed</p>	<p>Military Codes: R-Reserves; A-Active Duty; S-Spouse/Active Duty; V-Veteran; N-No Affiliation</p>	<p>Health Insurance Codes: P-Private Insurance; E-Employer; SE-Health Insurance through Spouse Employer; MO-Marketplace/"Obamacare"; H-HIP 2.0 (Healthy Indiana Plan); M- Medicaid/Medicare; N-None</p>
<p>Employment Status Codes: A-Employed Full Time; B-Employed Part Time; D-Disabled/Not working; DW-Disabled/Working; R-Retired; L-Laid off; U-Unemployed</p>	<p>Education</p>	<p>Home Type (please check one)</p>	<p>Transportation</p>	<p>When I have a medical need that is not an emergency I go to:</p>

8-Eighth Grade; HI-High School Incomplete; H-High School/GED Completed; C- 1,2,3 Years of College; A-Associates Degree; B-Bachelor's Degree; M- Master's Degree or Higher	<input type="checkbox"/> Homeowner <input type="checkbox"/> Renting <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Shelter <input type="checkbox"/> Living with Friends/Family <input type="checkbox"/> Homeless <input type="checkbox"/> Work release <input type="checkbox"/> Section 8/Subsidized Housing	<input type="checkbox"/> I own my own car <input type="checkbox"/> I borrow a car when needed <input type="checkbox"/> I get rides from friends/family <input type="checkbox"/> I take the trolley <input type="checkbox"/> I bike <input type="checkbox"/> I walk	<input type="checkbox"/> My primary doctor <input type="checkbox"/> Center for Healing and Hope (low-cost clinic for the uninsured) <input type="checkbox"/> Urgent Care Clinic <input type="checkbox"/> Emergency Room <input type="checkbox"/> I don't go <input type="checkbox"/> Other _____
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Assistance Requested: *Maximum assistance amounts apply.

What type of help do you need? *

- Rental or Mortgage
- Utility (Electric, Gas, Water)
- Other

Mortgage/Rental Help Needed

Landlord Name/Mortgage Company: _____

Landlord/Mortgage Company Address: _____

Phone number: _____

What is your normal monthly rent or mortgage amount? _____

Have late fees been added? If so, how much? _____

Total amount due: _____

No. of months past due and which months (maximum assistance is 3 months past due) _____

Utilities (must be past due to qualify for assistance)

What utilities are you looking for help with? **Please be aware that if you have a disconnect notice your application may not be processed in time for us to pay the disconnect amount.**

- Water
- Gas
- Electric

#1 Utility company: _____

Utility bill amount past due: \$ _____

#2 Utility company: _____

Utility bill amount past due: \$ _____

Date of disconnect (if applicable): _____

Date of disconnect (if applicable): _____

#3 Utility Company: _____

Utility bill amount past due: \$ _____

Date of disconnect (if applicable): _____

Financial Information:

Please list the gross monthly income amount and source for **EVERY** household member. Source and/or third-party verification is required for any/all regular monthly income.

Member full name	Employer	Hourly rate	Hours worked per week	How often do you get paid?	Include other income here (child support, SS, SSI, retirement, SNAP, TANF, pension, etc)	Total monthly income

Total monthly household income \$ _____

Other Financial Information

Please Circle Correct Answer

	Applicant	Other Adult	Other Adult
	Yes No	Yes No	Yes No
Do you have life insurance?	Yes No	Yes No	Yes No
Do you have another type of insurance?	Yes No	Yes No	Yes No
Do you have any investment holdings? (stocks, bonds, CDs, IRAs)	Yes No	Yes No	Yes No
Do you have any cash on hand?	Yes No	Yes No	Yes No
If Yes, give amount	\$ _____	\$ _____	\$ _____
Do you have a checking account?	Yes No	Yes No	Yes No
Do you have a savings account?	Yes No	Yes No	Yes No
If Yes, give name of each bank and current balance	_____	_____	_____
	\$ _____	\$ _____	\$ _____

Does anyone in the household have any claims including lawsuits against a person, insurance company, employer or government agency from which you/they expect to receive a recovery (money)?

If Yes, explain _____

Duplication of Benefits

Have you, or any member of your household, applied for or received rent, utility or mortgage assistance within the same time period you are asking for assistance from The HUB? If yes, where, when and how much was provided?

	Rent/Mortgage	Amount	For which months?	Utilities	Amount	For which months?

I/We understand that, if determined eligible for assistance, I/we will be required to participate in a Budget Management class.

I/We understand that I/listed household members can only request assistance from The HUB twice in a calendar year.

Assistance is provided on a first come, first served basis, until program funds are expended. I/We understand and agree to report any changes to my/our circumstances -financial or otherwise- during our eligibility period. Failure to report household changes can result in disqualification from this program and repayment for funds dispersed. I/We also understand that this application may be rejected if I/we willfully withhold information requested, or provide falsified information. I/We understand that if accepted into The HUB financial assistance program and falsified information is discovered or information is withheld during the application process or after financial assistance has been granted, the application process will be stopped and any expenses incurred will be expected to be paid back to the program immediately, including but not limited to legal and court costs.

Furthermore, I/we understand and consent to the program policies and procedures. After the submission of my application I/we understand that I/we will be informed within **1-3 business days** if I/we meet the preliminary eligibility criteria. I/We understand that I/we can then submit all documentation necessary for The HUB to determine what if any financial assistance can be given. If missing one or more pieces of required documentation, but otherwise demonstrating best efforts to participate and supply necessary information, I/we will have **one (1) business day** to submit remaining required documentation.

If required documentation is not submitted within one (1) business day, my/our application will not be processed. Once all requirements have been met, verifying eligibility and application processing may take up to five (5) business days after my/our application and all required documentation has been approved by The HUB staff. Furthermore, I/we understand that payment to a landlord, utility or mortgage company may take **10-14 business days**. I/We understand that it is my/our full responsibility to obtain and submit a completed application and all required verification documentation. The HUB staff is not responsible for incomplete applications, insufficient verification documentation or those that do not meet eligibility criteria.

I/we certify that all of the above information is correct and true to the best of my/our knowledge, **under penalty of law**. I/We understand that this information will be used to determine my/our eligibility in The HUB's financial assistance program.

Printed Name of Applicant/Head of Household

Date

Signature of Applicant/Head of Household

Printed Name of Adult #2

Date

Signature of Adult #2

Authorization of Release of Information

By signing and submitting this application and choosing to move forward with establishing eligibility for this program, I/the household consents to and authorizes The HUB to verify the above information through written, electronic and/or oral communication with my/our landlord, utility company, employer and/or other outside social service agency which provides emergency assistance. Communication will be limited to the purposes of establishing eligibility for rent, utility or mortgage assistance through this program and ensuring a duplication of services and funds has not occurred. With the exception of communication with the applicable parties as described above, specific identifying information and personal financial information will be kept confidential. HUD requires basic demographic information such as ethnicity, race and income level reported for all

beneficiaries, but, otherwise, no personal information will be disclosed. I/We understand that copies of my documentation will be kept on file in The HUB main office and our computerized record keeping system.

Printed Name of Applicant/Head of Household

Date

Signature of Applicant/Head of Household

Printed Name of Adult #2

Date

Signature of Adult #2

I/We certify under State and Federal penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that repayment of all assistance received by me/the household from The HUB, or further legal action, may be required in the event that I/we provide false, incomplete or misleading information in this Affidavit or throughout the program application process. _____ (initials of household members 18 and older).

Printed Name of Applicant/Head of Household

Date

Signature of Applicant/Head of Household

Printed Name of Adult #2

Date

Signature of Adult #2

Printed Name of Adult #3

Date

Signature of Adult #3

Printed Name of Adult #4

Date

Signature of Adult #4

