



HOPE CONFERENCE APPLICATION FOR ASSISTANCE

Applicant Name:

Conferences and Vincentians have consistently provided funds to the Hope Conference. Our efforts to address homelessness and homelessness prevention began years ago in collaboration with Season of Sharing (SOS). In addition to SOS, we now serve our community with funds from federal, state grants and generous donors. Each of these funds comes with unique requirements, benefits, and challenges when allocating assistance. To help facilitate this funding and allow the Hope Conference to respond swiftly to assistance requests, we have developed a two-tiered application.

Tier 1 Request Requirements:

For all requests for needs like utility bills, car repairs, medical bills, etc.

Note: The Hope Conference cannot reimburse any other conference until a case application has been submitted and approved by the Hope Conference.

Tier 2 Request Requirements:

For all homelessness, homelessness prevention, or housing assistance (late rent, deposits, eviction prevention, three-day notices).

As the funders dictate these criteria and guidelines, cases will not be funded until 1) specific requirements are met, 2) a completed application is submitted, and 3) all required documentation is attached.

APPLICATION DOCUMENTATION CHECKLIST

Tier 1 & 2 Required Documents

- Completed Application**
- Release of Information** – signed by client and witness
- Photo ID** (*Current legal identification of all adults living in the household*).
- Proof of Crisis** - Verifiable proof of emergency situation: (*loss of income, police reports, medical or other bills, etc.*), proof of reason to move, including 30, 60, or 90-day notice.
- Proof of Income** - for all household members: (*most recent paycheck stubs, SSI award letter, unemployment letter, disability award letter, child support award letter, etc.*)
- Copy of bills needing payment**, (*Gas & Electric, Water, Garbage, etc.*) **(Need 3 months of bills)**

Tier 2 Required Documents

- Past Due Rent Notice** - Proof of past due rent or mortgage from landlord/mortgage company with the amount due, eviction notice (with a reason for termination of lease), 3-day notice, or foreclosure notice (if applicable).
- Signed Lease Agreement** - Signed lease/rental agreement (*stating security deposit, future/current rent, household members*) or letter of intent to rent from a future landlord.
- Section 8 Rentals** - Section 8 Housing Choice Voucher Section 8 signed Assisted Lease Agreement
- Inspection Report indicating property has passed **(if applicable)**
- W-9 Form** from Landlord – for delinquent rent greater than \$600, only if the landlord is not an LLC
- Tenant/Landlord Information**



HOPE CONFERENCE APPLICATION FOR ASSISTANCE

Hope Conference meets every other Wednesday to review funding requests. Applications must be received by the Wednesday prior to meetings for consideration and will be granted as funds are available.

Only completed applications will be reviewed

Section 1

Referring Agency/Organization:

Contact Person: Phone:

Email: Referral Date:

Section 2

Head of Household

Last Name: First Name:

DOB: Age: Gender: Male Female Other

Ethnicity: American Indian Alaska Native Asian Black or African American

Hawaiian Native Pacific Islander Multi-Racial White Hispanic or Latino Other

Address: Apt #:

City: Zip Code:

Email: Phone:

Spouse or Other Adult

Last Name: First Name:

DOB: Age: Gender: Male Female Other

Ethnicity: American Indian Alaska Native Asian Black or African American

Hawaiian Native Pacific Islander Multi-Racial White Hispanic or Latino Other

HOPE CONFERENCE APPLICATION FOR ASSISTANCE – CONTINUED

Complete address and email only if different from applicant

Address: Apt #:
City: Zip Code:
Email: Phone:

Others in the household (including children over 18)

Name: Age: Gender: Male Female Other
Name: Age: Gender: Male Female Other
Name: Age: Gender: Male Female Other
Name: Age: Gender: Male Female Other

Children (Under 18) that live with you

Name: Age: Gender: Male Female Other
Name: Age: Gender: Male Female Other
Name: Age: Gender: Male Female Other
Name: Age: Gender: Male Female Other
Name: Age: Gender: Male Female Other

Housing situation

What is your current housing situation:

Own Home Rent Apartment Rent Room Living with Family or Friends
Living in Shelter Homeless Other

Are you in Section 8 Housing: Yes No

Comments:

HOPE CONFERENCE APPLICATION FOR ASSISTANCE – CONTINUED

Section 3

Reason for request (Explain your current situation in as much detail as possible.)

COVID Related: Yes No

HOPE CONFERENCE APPLICATION FOR ASSISTANCE – CONTINUED

Section 4

Requested Funds *(Need Name and Address for each Payee)*

Rent/Mortgage: Security Deposit: Late Fees:

Payee: Acct No:

Gas/Electric: *(Need 3 months of bills)*

Payee: Acct No:

Water: *(Need 3 months of bills)*

Payee: Acct No:

Garbage: *(Need 3 months of bills)*

Payee: Acct No:

Auto Repairs:

Payee: Acct No:

Other:

Payee: Acct No:

HOPE CONFERENCE APPLICATION FOR ASSISTANCE – CONTINUED

Section 5

Have you contacted or received assistance from any other agency before?

(Check all that apply)

Type of Assistance Received and When

Catholic Charities

Seasons of Sharing

Shelter Inc.

Housing is Key

Have you applied for relief assistance from the following utility companies?

Gas & Electric Yes No Water Yes No Garbage Yes No

Comments:

I AGREE THAT THE ABOVE INFORMATION IS TRUE

Signature: _____ **Date:** _____

Please let us know if we can share you story in order to help others in the future. By signing below, you agree that St. Vincent de Paul can share your story in the hope of helping others in need.

Signature: _____ **Date:** _____

