



MERCIFUL H.E.L.P. CENTER
 1045 WEST 146TH STREET, SUITE A
 CARMEL, IN 46032
 HOTLINE 317-663-4039

FINANCIAL ASSISTANCE APPLICATION

Procedures to follow per request:

1. To request financial assistance you **MUST** complete the information form. If this request is for mortgage, rent or utilities and not programming assistance, you must have a decision letter from your Township Trustee and a Referral Form.
2. Only one month will be considered for payment.
3. You will be contacted regarding your request, but only after all paperwork listed below is emailed, faxed, mailed, or brought in.
4. If approved, the check will be mailed to the appropriate company.
5. If this request is for programming only, you can expect a phone call, email or mail letting you know what we are able to assist with.

The following requests will be considered:

Basic Utilities- Gas, Electric, Water, Rent, and Mortgage payment
 Programming at Our Lady of Mt. Carmel Church

We do not assist with the following: phone (land line and/or mobile), cable, internet, credit card debt, tuition, taxes.
We cannot assist because you are paying high fees for the above and/or not living within the means you can provide.

NOTE: This application will **not** be reviewed unless accompanied by:

- Application completed
- CC of Drivers License or picture ID
- 2 latest COMPLETE (look at page numbers) bank statements
- 2 latest pay stubs, letters from employers if paid under table, or unemployment stubs/letters
- Copy of lease or mortgage statement
- Copy of all utility and other bills, including cable and phone, car payment, insurance, day care
- Letter of decision from township trustee and a referral
- Decision letter from Community Action Energy Assistance Program
- Copy of letter from Food Stamp Office if applicable
- Copy of letter for Medicaid, HIP or any government insurance if applicable
- Copy of letter of TANF (Temporary Aid for Needy Families) if applicable
- Copy of statement of child support or divorce decree, which ever states current assistance

I authorize the Merciful H.E.L.P. Center to verify all information provided:

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Financial Assistance Request
Please Print Legibly or Type

1. Have you been to your Hamilton County Township Trustee?

Yes No

2. With whom did you have an appointment or speak with (we must have a name)?

County Township: _____

Name: _____

3. Did you receive any assistance from the Township Trustee? Yes No

If Yes, what did the trustee pay on your behalf? _____

If you were denied help, we must have a letter from your Township Trustee stating why.

4. Have you received assistance from other agencies? Yes No

If so, list where? _____

Personal Information

Last Name: _____ First: _____ Middle: _____

Other Last Name Had in past: _____

Street Address: _____ Apt.#: _____ SSN: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____ Mobile: _____

Date of Birth: _____ Age: _____ Check One: Male Female

Are you a Veteran or Serving in the Military? Yes No

Household Status: Single Living with Significant Other Married

Separated Divorced Widowed

Education Level: High School Grad or GED Some College College Graduate

Spouse or Living with Significant Other Information

Last Name: _____ First: _____ Middle: _____

Other Last Names Had: _____

Street Address: _____ Apt.#: _____ SSN: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____ Mobile: _____

Date of Birth: _____ Age: _____ Check One: Male Female

Are you a Veteran or currently serving in the Military? Yes No

Education Level: High School Grad or GED Some College College Graduate

Housing & Vehicle Information

Own Rent Other (please specify) _____ Amount: _____

How long have you been at your present address? _____

Landlord/Mortgage Company: _____

Phone Number: _____ Contact: _____

How long were you there and why did you move? _____

Do you have access to a car? Yes No

First Vehicle: Make: _____ Model: _____ Yr: _____ Own Lease Monthly Pymt.

Second Vehicle: Make: _____ Model: _____ Yr: _____ Own Lease Monthly Pymt.

List specific request being made of us with this application

Amount Owed				Who You Owe To?	Date Needed
Past Balance	Current Balance	Reconnect Fee	Total Owed	(Write name of utility or leaser)	(or past due date)

What change of events led to your need for assistance?

Have you received help from Merciful H.E.L.P. in the past? Yes No

When/how much/ for what?: _____

List all Individuals in Your Household

(If you need more room, write on the back of this page)

	Name	Age	Date of Birth	Relationship	Monthly Income
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Benefits/ Income Section

Type of Financial Assistance	Yes ✓	No ✓	Amount Per month/week	Type of Financial Assistance	Yes ✓	No ✓	Amount Per month/week
Child Support				Social Security			
Disability/SSI				Retirement/Pension			
Unemployment				Medicare			
Food Stamps				Medicaid			
TANF				Workers Comp.			
VA Benefits				Other income			

Monthly Financial Responsibilities Section

Bill Name	Amount Per month	Bill Name	Amount Per month	Bill Name	Amount Per month
Rent/Mortgage		Phone Home		Medical Debt	
Electricity		Phone Cell		Credit Card(s)	
Gas		Cable		Tuition/Student Loan	
Water		Car		Child Support	
Sewer		Car Insurance		Food	
Trash Pick Up		Gasoline		Other	

Employment History – Present and Previous Employer if employed less than 3 years

1. Present or Most Recent Employer: _____
Supervisor: _____ Phone: _____ ext. _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Employment Dates: _____ to _____ Monthly Income: _____
Position & Job Description: _____
Reason for Leaving: _____

2. Previous Employer: _____
Supervisor: _____ Phone: _____ ext. _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Employment Dates: _____ to _____ Monthly Income: _____
Position & Job Description: _____
Reason for Leaving: _____

Unemployment

If you are unemployed, are you currently seeking employment? Yes No
How long have you been unemployed? _____ Reason: _____
What steps are you taking to seek active employment? _____

Spouse or Significant Other Employment History

1. Present or Most Recent Employer: _____
Supervisor: _____ Phone: _____ ext. _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Employment Dates: _____ to _____ Monthly Income: _____
Position & Job Description: _____
Reason for Leaving: _____

2. Previous Employer: _____
Supervisor: _____ Phone: _____ ext. _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Employment Dates: _____ to _____ Monthly Income: _____
Position & Job Description: _____
Reason for Leaving: _____

Other Individuals Living in Your Household - Employment History

1. Present or Most Recent Employer: _____
Supervisor: _____ Phone: _____ ext. _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Employment Dates: _____ to _____ Monthly Income: _____
Position & Job Description: _____

Reason for Leaving: _____

Additional Information:

1. Have you seen a financial counselor in the past six months? Yes No
If so, whom? _____
2. Have you contacted anyone else for assistance in the past six months? Yes No
Please specify: Family Friends Churches Agencies
3. What steps are you taking to improve your current situation? _____

4. What is the name and phone number of your church? _____

5. Who suggested or referred you to us? _____
6. Are you disabled? Yes No
7. Do you have physical or emotional issues that hinder you from meeting your financial needs?
Yes No
Explain: _____
8. Would you like to participate in a mentoring program? Yes No
9. Would you like to participate in financial counseling? Yes No

We have other services available to help you make it through your difficult time. Please check off anything you would find helpful. There are no guarantees that we will have or be able to provide the service you are requesting, but we will do our best.

- | | | |
|--|--|--|
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Tools for School | <input type="checkbox"/> Used Vehicle Assistance |
| <input type="checkbox"/> Large Appliance | <input type="checkbox"/> Spiritual Support/Prayers | <input type="checkbox"/> Handyman Services |
| <input type="checkbox"/> Housewares | <input type="checkbox"/> Support through Pregnancy | <input type="checkbox"/> Financial Aid |
| <input type="checkbox"/> Small Appliances | <input type="checkbox"/> Baby Items up to 2 years | <input type="checkbox"/> Financial Budget Planning |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Socks and Underwear | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Coats and Outerwear | <input type="checkbox"/> Car Seats | <input type="checkbox"/> Other |