



ST. VINCENT de PAUL SOCIETY
430 Main Street / Huron, OH 44839
CLIENT APPLICATION FORM

DATE: _____, 20 _____

Who referred you? _____

Name: _____
Last First

Birth Date: _____

email _____

Contact Telephone/Cell # _____

Address: _____

(Driver's license or other form of identification to validate address is required)

Apt _____

City, State Zip _____

Married Single Divorced Widower Homeless Domestic Violence Victim

Need you are requesting help for (check circle, identify amount of requested financial aid & details):

Housing
 Food
 Rent \$ _____
(Copy of eviction, past due notice or landlord notification will be required)

Utilities \$ _____
(Copy of past due utility bill will be required)

Auto Payment/Repair \$ _____
(Copy of registration & past due notice for payment or estimate of repair will be required)

Mortgage \$ _____
(Ownership verification & copy of eviction or past due notice will be required)

Home Repair \$ _____
(Ownership verification & a copy of the estimate for home repair will be required)

Other, specify _____

Please explain in the space below the circumstances of your need.

Your Dependents or Others living in your household:

	<i>Name</i>	<i>Relationship</i>	<i>Age</i>	<i>Other's Monthly Income</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Your Most Recent Employment:

Company Name: _____

Address: _____

Dates of Employment: _____

Your Income:

Your Expenses:

Wages _____
TANF (gov assist) _____
Child Support _____
Social Security/SSI _____
ADC _____
SNAP _____
Other Income _____

Rent/Metro _____
Cell/Telephone _____
Heat _____
Electric _____
Food _____
Internet/Cable _____
Renters Insurance _____

Car Insurance _____
Prescriptions _____
Car Payment _____
Gasoline _____
Medical Bills _____
Child Care _____
Other _____

Total Income: _____

Total Expenses: _____

Do you receive assistance for rent or utility bills from:

- Salvation Army
- Erie Co. Human Services
- Metro Housing Rent Subsidy
- Veteran's Administration
- Other Energy Programs; specify _____
- Medicare
- Medicaid

Name of Your Landlord/Mgmt Company _____
 (if applying for rent assistance) Contact Name Phone/Cell #

Landlord/Mgmt Co Address: _____
 (where rent would be paid) Street # Address City State Zip

Client Signature

Date

By checking this box, I agree that this application has been executed via electronic signature and agree that this electronic signature shall be legally binding. I certify that I have read this application or had it read to me, and the information given by me is true and correct to the best of my knowledge. I grant St. Vincent de Paul-Huron the permission to contact any agency or landlord for information helpful in understanding my problem. Submitting this application does not guarantee assistance by St. Vincent de Paul-Huron, OH or St. Peter Church-Huron, OH.

FOR SVdP OFFICE USE ONLY

SVdP Interviewer Check List:

- Client ID & Address (including apartment number) confirmed for accuracy?
- Confirm client has not received financial aid from SVdP-Huron in past 12 months?
- Reviewed or attached documentation for request (copy of notice of past due rent, past due utilities, etc.)?
- Provided SVdP Assistance Packet and discussed resources with client to help them move forward towards future self-sufficiency (attending classes, financial counseling, special training, contacting local agencies, legal aid, etc.)?
- SVdP Interviewer Signature?

Approved SVdP Financial Aid:

\$ _____ for _____ \$ _____ for _____
\$ _____ for _____ \$ _____ for _____

\$ _____ Total Financial Aid

Signature of SVdP-Huron Interviewer/Date