



**ST. VINCENT de PAUL SOCIETY**  
**5856 Heatherdowns Blvd. / Toledo, OH 43614**

**NEIGHBOR APPLICATION FORM**

DATE: \_\_\_\_\_, 20\_\_\_\_ Who referred you? \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First MI

Email \_\_\_\_\_ Contact Telephone/Cell # \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
(Driver's license or other form of identification to validate address is required)

City, State, Zip \_\_\_\_\_

☐ Married ☐ Single ☐ Divorced ☐ Widow(er) ☐ Homeless ☐ Domestic Violence Victim

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

- ☐ Housing
- ☐ Food
- ☐ Rent/Mortgage \$ \_\_\_\_\_  
(Copy of eviction, past due notice or landlord notification will be required)
- ☐ Utilities \$ \_\_\_\_\_  
(Copy of past due utility bill will be required)
- ☐ Water/Sewer \$ \_\_\_\_\_  
(Ownership verification or past due notice will be required)
- ☐ Other, specify \_\_\_\_\_

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

**Your Dependents or Others living in your household:**

|    | Name  | Relationship | Age   | Other's Monthly Income |
|----|-------|--------------|-------|------------------------|
| 1. | _____ | _____        | _____ | _____                  |
| 2. | _____ | _____        | _____ | _____                  |
| 3. | _____ | _____        | _____ | _____                  |
| 4. | _____ | _____        | _____ | _____                  |
| 5. | _____ | _____        | _____ | _____                  |

**Your Most Recent Employment:** Company Name:

Address:

Dates of Employment:

**Your Income:**

|                     |                      |
|---------------------|----------------------|
| Wages               | <input type="text"/> |
| TANF (gov assist)   | <input type="text"/> |
| Child Support       | <input type="text"/> |
| Social Security/SSI | <input type="text"/> |
| ADC                 | <input type="text"/> |
| SNAP                | <input type="text"/> |
| Other Income        | <input type="text"/> |

**Your Expenses:**

|                   |                      |
|-------------------|----------------------|
| Rent              | <input type="text"/> |
| Cell/Telephone    | <input type="text"/> |
| Heat              | <input type="text"/> |
| Electric          | <input type="text"/> |
| Food              | <input type="text"/> |
| Internet/Cable    | <input type="text"/> |
| Renters Insurance | <input type="text"/> |

|               |                      |
|---------------|----------------------|
| Car Insurance | <input type="text"/> |
| Prescriptions | <input type="text"/> |
| Car Payment   | <input type="text"/> |
| Gasoline      | <input type="text"/> |
| Medical Bills | <input type="text"/> |
| Child Care    | <input type="text"/> |
| Other         | <input type="text"/> |

**Total Income:**

**Total Expenses:**

Do you receive assistance for rent or utilities from:

- |                                                                   |                                                                              |                                   |
|-------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Lucas Metropolitan Housing Authority     | <input type="checkbox"/> Medicare                                            | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Percentage of Income Payment Plan (PIPP) | <input type="checkbox"/> Salvation Army                                      | <input type="checkbox"/> Pathway  |
| <input type="checkbox"/> Veteran's Administration                 | <input type="checkbox"/> Other Energy Programs: specify <input type="text"/> |                                   |

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, St. Joan of Arc 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, St. Joan of Arc Toledo, OH or St. Joan of Arc Church, Toledo, 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-SJA 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.)?

Approved SVdP Financial Aid:

|                                                  |                                                  |
|--------------------------------------------------|--------------------------------------------------|
| \$ <input type="text"/> for <input type="text"/> | \$ <input type="text"/> for <input type="text"/> |
| \$ <input type="text"/> for <input type="text"/> | \$ <input type="text"/> for <input type="text"/> |

Total Financial Aid \$

Signature of SVdP Interviewer/Date