

## 2021 Help Them to Hope(HTTH) Application for Assistance

Help Them to Hope (HTTH) is a non-profit holiday project to help people in need with gifts of food and toys. **Application for assistance must include current proof of income and must be signed by the Head of Household.** If HTTH is able to serve you, volunteers will deliver items to your home on **Thursday December 16th 2021**. Mail this completed application to **HTTH, PO BOX 55, Ontario OR. 97914** or drop it off at the **Oregon Department of Human Services- 186 East Lane Ontario OR 97914** or to **Western Idaho Community Action Partnership- 540 S. 16th St. Suite 105 Payette, ID 83661** **Applications must be recived by December 4th 2021.** Incomplete Applciations will not be processed. Please do not send original documents for proof of income, they will not be returned. **By Signing and/or submitting this document you consent to the release of basic information to Help Them to Hope volunteers.**

|   |  |   |     |                 |                        |
|---|--|---|-----|-----------------|------------------------|
|   |  | <u>Head of Household Signature (Required)</u>   |     |                 |                        |
| Name (Required)   |  | I have provided true and accurate inforamtion about all members of my household, including all of our income expenses and need for this assistance.         |     |                 |                        |
| Street Address (Required)   |  |   |     |                 |                        |
| City, State & Zip (Required)  |  |   |     |                 |                        |
| Phone # (Required)  |  | Total Persons in Home:  |     | Total Children: |                        |
| List EVERYONE in Household: Last Name, First Name                               |  | Gender  | Age | Disabled        | Social Security Number |
| Self:   |  |   |     |                 |                        |
| Spouse:   |  |   |     |                 |                        |
| Child:  |  |   |     |                 |                        |
| Child:  |  |   |     |                 |                        |
| Child:  |  |   |     |                 |                        |
| Child:  |  |   |     |                 |                        |
| Child:  |  |   |     |                 |                        |
| Other Adults in Home:   |  |   |     |                 |                        |
| Other Adults in Home:   |  |   |     |                 |                        |
| Mark Your Needs Below:  |  | List ALL Income & Expenses below. Must attach Proof of Income- Your originals will not be returned!   |     |                 |                        |
| <input type="checkbox"/> Food Box for Individual/Couple                         |  | List Gross income recived each month : include all Wages, Unemployment, Social Security, Disability, Pensions, Child Support, Stipends, and Gifts of Money: |     |                 |                        |
| <input type="checkbox"/> Food Box for Family of 3 or More                       |  | List amount of Food Stamps/SNAP recived by all members of household:  |     |                 |                        |
| <input type="checkbox"/> Toys for Children                                      |  | List amount of rent or Mortgage paid each month (Do not list if paid by smeone else):   |     |                 |                        |
| <input type="checkbox"/> Bicycle # needed if available                          |  | <b>Net Income = \$</b>  |     |                 |                        |
| Do you live upstairs? <input type="checkbox"/> Yes. <input type="checkbox"/> No |  |   |     |                 |                        |

For Office Use Only

ID Number

|          |         |         |         |         |
|----------|---------|---------|---------|---------|
|          | Initial | Initial | Initial | Initial |
| Approved |         |         |         |         |
| Pending  |         |         |         |         |
| Denied   |         |         |         |         |