

# 2024 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. **Applications for assistance must include current proof of income and be signed by the head of household.** If HTTH is able to serve you, volunteers will deliver items to your home on Thursday, **December 12, 2024**. Mail this completed application to: **HTTH, PO Box 55, Ontario OR 97914** or drop it off at the Oregon Dept of Human Services (ODHS), 186 East Lane, Ontario OR 97914 or Payette Nazarene Church 1980 7th Ave N, Payette, ID 83661. **Applications must be received by November 22, 2024. Incomplete applications will not be processed. Please do not send original documents for proof of income. They will not be returned. One delivery per address.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City State Zip \_\_\_\_\_ Phone# (required) \_\_\_\_\_

List EVERYONE in household:

SSN (required): \_\_\_\_\_

| Name   | Gender  | Age | Disabled                 |  | Name | Gender  | Age | Disabled                 |
|--------|---|-----|--------------------------|--|------|---|-----|--------------------------|
| Self   | <input type="checkbox"/> M <input type="checkbox"/> F |     |                          |  |      | <input type="checkbox"/> M <input type="checkbox"/> F |     |                          |
| Spouse | <input type="checkbox"/> M <input type="checkbox"/> F |     |                          |  |      | <input type="checkbox"/> M <input type="checkbox"/> F |     | <input type="checkbox"/> |
|        | <input type="checkbox"/> M <input type="checkbox"/> F |     | <input type="checkbox"/> |  |      | <input type="checkbox"/> M <input type="checkbox"/> F |     | <input type="checkbox"/> |
|        | <input type="checkbox"/> M <input type="checkbox"/> F |     | <input type="checkbox"/> |  |      | <input type="checkbox"/> M <input type="checkbox"/> F |     | <input type="checkbox"/> |
|        | <input type="checkbox"/> M <input type="checkbox"/> F |     | <input type="checkbox"/> |  |      | <input type="checkbox"/> M <input type="checkbox"/> F |     | <input type="checkbox"/> |
|        | <input type="checkbox"/> M <input type="checkbox"/> F |     | <input type="checkbox"/> |  |      | <input type="checkbox"/> M <input type="checkbox"/> F |     | <input type="checkbox"/> |

Income Verification (you must attach proof of income)

Mark your needs below:

|   |    |  |  |                          |
|---|----|--|--|--------------------------|
| List gross income received each month; include all Wages, Unemployment, Social Security, Disability, Pensions, Child Support, Stipends, and Gifts of Money: | \$ |  | Food Box                                   | <input type="checkbox"/> |
| List total amount of Food Stamps / SNAP received by all members of the household:   | \$ |  | Toys (for children)                        | <input type="checkbox"/> |
| List amount of Rent or Mortgage paid each month (do not list if it is paid by someone else)   | \$ |  | Bikes for children # Bikes requested _____ | <input type="checkbox"/> |
| List all heating costs you pay (oil, gas, wood, electric)   | \$ |  | Do you live upstairs? Check the box if yes | <input type="checkbox"/> |

**By signing and/or submitting this document you consent to the release of basic information to Help Them To Hope Volunteers.**

Signature: (Required) \_\_\_\_\_

Office Use Only

Approved: \_\_\_\_\_  
 Denied: \_\_\_\_\_  
 Pending: \_\_\_\_\_



**ONE DELIVERY PER ADDRESS**