

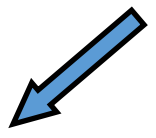


Shelter Ministries Inc

Offering Light and Hope through the Storms of Life

1108 West Auburn Drive
Auburn, IN 46706
260-925-9200
www.shelterministries.org

FINANCIAL ASSISTANCE APPLICATION
HOURS: TUESDAY & THURSDAY 2:00-4:00 PM
OR BY APPOINTMENT: 260-437-0432



APPLICATION DATE: _____

PLEASE ALLOW AT LEAST 3-7 DAYS TO PROCESS

We will not be able to assist in disconnect bills that are due within 3 days.
YOU must seek help SOONER, please!!

We help with:

- Utilities
- Rent
- Non-Narcotic Prescriptions: *provide pharmacy name, address, phone number*
- Gas vouchers for Out-of-County medical appointments only: *provide doctors name, address, phone number, day & time of appointment*

What you need to bring:

- ✓ Filled out Application (*does not guarantee assistance*)
- ✓ Copy of your valid Indiana Picture IDs with current address
- ✓ Trustee's paperwork ON THIS BILL
- ✓ Utility Bill (*for utility assistance*) OR Completed Rental Affidavit (*for rental assistance*)

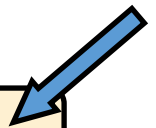
NOTICE:

Shelter Ministries will not offer Financial Assistance more than once every six months.

However, you **must** take one of our **EASY BUDGET CLASSES** **before** we will assist a second time.

This class is offered at no cost to you. Call 260-437-0432 to schedule.

***Our goal is to equip you with the information you need to help you
create a better financial future!***



I have read and understand the above Financial Assistance NOTICE above: Initial Here _____

YOURSELF

Name <i>(first, last)</i>		Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address			
City	State	Zip	
Phone	Alternate Phone		
SS # <i>(last 5 digits)</i>	Drivers License #		
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Legally Divorced <input type="checkbox"/> Refused			
Birthday <i>(Mo/Day/Yr)</i>	Age	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Refused
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> Refused			
Monthly Income \$	Employer	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Ethnicity <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused			
Education <input type="checkbox"/> No Schooling Completed <input type="checkbox"/> Nursery School to 4th Grade <input type="checkbox"/> 5th or 6th Grade <input type="checkbox"/> 7th or 8th Grade <input type="checkbox"/> 9th Grade <input type="checkbox"/> 10th Grade <input type="checkbox"/> 11th Grade <input type="checkbox"/> 12th Grade <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Post-Secondary Education <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused			
Military <input type="checkbox"/> None <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Unknown <input type="checkbox"/> Refused			

2nd ADULT

Head of Household ☐ Yes ☐ No

Name	Relationship To You		
SS # <i>(last 5 digits)</i>	Drivers License #		
Birthday <i>(Mo/Day/Yr)</i>	Age	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Refused
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> Refused			
Monthly Income \$	Employer	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Ethnicity <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused			
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Military <input type="checkbox"/> None <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Unknown <input type="checkbox"/> Refused			

Additional People/Children Living in this Household

Name	Relationship To Applicant	
SS # (last 5 digits)	Birthdate Mo/Day/Yr	Age

Name	Relationship To Applicant	
SS # (last 5 digits)	Birthdate Mo/Day/Yr	Age

Name	Relationship To Applicant	
SS # (last 5 digits)	Birthdate Mo/Day/Yr	Age

Name	Relationship To Applicant	
SS # (last 5 digits)	Birthdate Mo/Day/Yr	Age

Name	Relationship To Applicant	
SS # (last 5 digits)	Birthdate Mo/Day/Yr	Age

Name	Relationship To Applicant	
SS # (last 5 digits)	Birthdate Mo/Day/Yr	Age

Has ANYONE in this family ever received financial assistance from Shelter Ministries before? ☐ Yes ☐ No When? _____

Have you/they taken one of the required financial/budget classes? ☐ Yes ☐ No When/Where? _____

SITUATION: Please explain WHY you need assistance, and what you are doing to avoid needing help again.

WHO/WHAT DO YOU NEED ASSISTANCE WITH? ☐ Utilities ☐ Rent ☐ Medical ☐ Gas Voucher Amount: \$ _____

WHO ELSE HAVE YOU SPOKEN WITH: ☐ Bright Point ☐ Quiet Knight ☐ Church ☐ Family ☐ Other _____

Result: _____

Utilities: Vendor: _____ What Amount do you Normally Pay? \$ _____

Total Bill (Not just the disconnect) \$ _____ Disconnect Date: _____ Have you talked to them? ☐ Yes ☐ No

Rent: Landlord: _____ Total Rent Due: \$ _____

Pharmacy (for medical) _____ Amount Due: \$ _____

Address: _____ Phone Number: _____

Doctor (for gas voucher) _____ Appointment Date: _____ Time: _____

Address: _____ Phone Number: _____

EXPENSES

Housing

- ☐ Own/Buying ☐ Rent ☐ Subsidized (Sec 8) ☐ Group Home ☐ Shelter ☐ Homeless
☐ Living with Friends/Family ☐ Hotel

	Average Amount Billed	How Often	Vendor
Electric			
Gas			
Rent/Mortgage			
Auto Payment			
Auto Insurance			
Telephone/Cell Phone			
Cable TV			
Internet			
Childcare			
Child Support			
Other:			

TOTAL MONTHLY EXPENSES: \$ _____

INCOME

	Yourself	Spouse	Children	TOTAL
Employment				
Unemployment Compensation				
Social Security Income				
Disability				
Child Support				
Other:				

TOTAL MONTHLY INCOME: \$ _____

If your expenses are more than your income, what can you do to reduce your expenses and/or do to increase your income?

The information herein is correct to the best of my knowledge. I understand that the information may be shared with any service organization that may have an influence on the services provided to me.

Applicant Signature: _____ Date: _____