

Tri-Valley Charities, Inc.

Application for Emergency Assistance

Name of Applicant: _____

Address (number and street):

City/Town and Zip Code: _____

Landline phone: _____ Cell : _____

List all persons living in your household, including children, and any persons who reside in your home, regardless of their relation to you. The person filling out this application should be listed first.

Names in household (Use first and last names)	Date of birth	Relation to applicant
---	---------------	-----------------------

Check all household sources of income, including government benefits of any kind:

- | | | |
|--------------------------------|-----------------------------|-----------------------|
| _____ Employment | _____ Public Assistance | _____ Child Support |
| _____ Veterans Benefits | _____ Disability Assistance | _____ Investments |
| _____ Rental Income | _____ Unemployment Comp. | _____ Social Security |
| _____ SSI | _____ Estate Benefits | _____ Alimony |
| _____ Insurance/Death Benefits | | |

Please describe any other income sources not listed above: _____

HOUSEHOLD INCOME

In determining your household income you must include all persons who reside with you as sources of income for your household, regardless of relation to you. For example, a friend living with you, who is employed, must be considered a source of household income and should be included in the application below. Also, a child regardless of age, who receives benefits for any reason, must be considered a source of household income.

MONTHLY HOUSEHOLD INCOME (after taxes)

Employers' Name

Employment Income #1 _____	_____
Employment Income #2 _____	_____
Employment Income #3 _____	_____
Public Assistance _____	Social Security _____
Child Support _____	Estate Benefits _____
Veterans Benefits _____	SSI _____
Disability Assistance _____	Pension Payments _____
Investments _____	Insurance/Death _____
Rental Income _____	Alimony _____
Unemployment _____	Other _____
	Total _____

MONTHLY HOUSEHOLD EXPENSES

In calculating household expenses you must include all income that is used to pay the cost of living by all persons residing in your household.

Housing expenses	Other expenses
Monthly mortgage/rent _____	Health Insurance _____
Heating Costs _____	Clothing _____
Land Line Phone _____	Disability Insurance _____
Mobile Phone _____	Life and other Insurances _____
Electricity _____	Doctor/Hospital _____
Cable/dish _____	Dental Care _____
Internet Services _____	Eye/Vision Care _____
Water/Sewage _____	Prescriptions _____
Home maintenance _____	Over counter medications _____
Groceries _____	Dining out/Entertainment _____
Total _____	Child/Elder Care _____
	Dues/Memberships _____
	Pet food/veterinarian _____
	Total _____

Monthly Vehicle Expenses

Car/Truck payment #1 _____

Car/Truck payment #2 _____

Car/Truck payment #3 _____

Auto Insurance _____

Gasoline/Oil _____

Maintenance _____

Total _____

Credit Card Expenses

Monthly Payment #1 _____

Monthly Payment #2 _____

Monthly Payment #3 _____

Monthly Payment #4 _____

Total _____

Do you live in a rental property? YES NO

If you are renting:

Name of the Landlord: _____

Address of the Landlord: _____

Landlord Phone Number: _____

What is the main type of heat supplied in your home?

- | | | | | |
|-------------|------------------|-------|----------|----------|
| Natural Gas | Heating Oil | Coal | Electric | Kerosene |
| Propane | Wood/Pellet/corn | Solar | Wind | |

Name of the fuel supplier: _____

Have you applied for fuel assistance through the LIHEAP program? YES NO

What emergency assistance are you requesting?

Heat _____ Electric _____ Medical _____ Rent _____ Other _____

Briefly explain why you need help. Please know that your comment will NOT be shared with anyone beyond Tri-Valley Charities and will only be reviewed by the Emergency FUnd Committee, which hold this information in the strictest confidence.

Have you requested assistance from Tri-Valley Charities in the past? YES NO

Date(s) of past request(s) : _____

Have you applied to any of the following organizations for assistance and received assistance in the past year?

Local Churches YES NO

The People Fund YES NO

The Food Closet at St. John's United Methodist Church, Hegins YES NO

Pine Creek Outreach YES NO

State the type and amount of assistance received: _____

Don't forget that your congressperson, State Senator and Representative, and County officials are elected and paid to serve you. Your elected officials can help direct you to a multitude of sources for additional help. If you have access to a computer and have internet service, you will find many sources online.

About the Tri-Valley Emergency Fund

This fund has been established by the Board of Directors of Tri-Valley Charities to assist those experiencing temporary hardship. Tri-Valley Charities is a non-profit organization with limited funds and resources. Therefore funds must be limited. Tri-Valley Charities relies on donations from the community and is entrusted by the community to disburse funds to help residents experiencing temporary hardships. This fund provides temporary assistance for emergency needs such as fire, medical, natural disasters, and other hardships. This fund does not provide on-going assistance; that is, this fund is not a source of income to pay monthly or weekly expenses on a regular basis.

Applicants should be aware that Tri-Valley Charities keeps detailed records of all applications, including names, dates, and purpose of assistance. However, our records are shared with no one and will never be given to any public agency or law enforcement office, unless legally required.

Eligible applicants must meet these requirements:

- A. Reside in the Tri-Valley School District for a minimum of 6 months.
- B. Submit a written application for review by the Tri-Valley Charities Emergency Fund Committee.

Please mail this application to:

TRI-VALLEY CHARITIES

P O Box 97

Spring Glen, PA 17978

If an Emergency call : 570-573-5205

Applicant Signature: _____ Date: _____

Your signature testifies that you have truthfully answered all questions and completed this form in all honesty. Failure to do so will result in a denial of this application.