

# 2024 HUNT COUNTY SHARED MINISTRIES -FOOD APPLICATION

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_ SPOUSE/PARTNER \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT/LOT# \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I WAS REFERRED TO HCSM BY: NAME/ORGANIZATION: \_\_\_\_\_

IS ANYONE IN THE HOME DEALING WITH SERIOUS EMOTIONAL OR MENTAL ILLNESS? \_\_\_\_\_

IS ANYONE IN THE HOME DEALING WITH SERIOUS PHYSICAL ILLNESS? \_\_\_\_\_ DISABLED? \_\_\_\_\_

IS ANYONE IN THE HOME A VETERAN? IF SO, WHO? \_\_\_\_\_

	NAMES OF PEOPLE LIVING IN HOME	RELATIONSHIP TO YOU	BIRTHDAY	INCOME SOURCE
1		(YOU)		
2				
3				
4				
5				
6				
7				
8				
9				
10				

LAST 5 OF SOCIAL SECURITY NUMBER

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

# of Senior Adults 60+  # of Adults 18-59  # of Children 0-17

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE ADEQUATE AND ACCURATE DOCUMENTATION OF NEED. I FURTHER UNDERSTAND THAT MY FAILURE TO PROVIDE ANY REQUIRED DOCUMENTATION OR GIVING OF FALSE INFORMATION MAY CAUSE DENIED ASSISTANCE. THE INFORMATION PROVIDED TO HUNT COUNTY SHARED MINISTRIES IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I GIVE PERMISSION FOR ASSISTING AGENCIES TO EXCHANGE INFORMATION REGARDING MY FINANCIAL, MEDICAL, FAMILY, AND PERSONAL CIRCUMSTANCES WITH HUNT COUNTY SHARED MINISTRIES.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PROVIDE I.D., SNAP LETTER, UTILITY BILL

Driver's License or Passport  Current Utility Bill

SNAP Letter SNAP Exp Date: \_\_\_\_\_ SNAP Load Day: \_\_\_\_\_

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DATE: \_\_\_\_\_ INTERVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_ INTERVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_ INTERVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_ INTERVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_ INTERVIEWER: \_\_\_\_\_

# 2024 HUNT COUNTY SHARED MINISTRIES – OTHER ASSISTANCE APPLICATION

**FILL OUT BOTH PAGES**

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ASSISTANCE REQUESTED:**  RENT/MORTGAGE  ELECTRIC  HEATING  MEDICAL  DENTAL  
 OPTICAL  PRESCRIPTION  OTHER: \_\_\_\_\_

**ASSISTANCE REQUESTS (OTHER THAN FOOD) MUST INCLUDE THIS PAGE AND ALL DOCUMENTS REQUIRED. SEE LIST OF DOCUMENTS ON THE BACK OF THIS PAGE. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

**HOUSEHOLD INCOME & BENEFITS FOR PAST 30 DAYS:**

	EMPLOYMENT WAGES – Yours:	\$
	EMPLOYMENT WAGES – Other:	\$
	SOCIAL SECURITY BENEFITS - Yours :	\$
	SOCIAL SECURITY BENEFITS - Other :	\$
	SSDI BENEFITS:	\$
	SNAP AMOUNT-Yours	\$
	SNAP AMOUNT-Other	\$
	HOUSING ASSISTANCE:	\$
	TANF:	\$

	MONTHLY CHILD SUPPORT(Received):	\$
	UNEMPLOYMENT:	\$
	PENSION:	\$
	WORKER'S COMP:	\$
	OTHER:	\$
	OTHER:	\$
	OTHER:	\$
	OTHER:	\$
<b>Total Monthly Income/Benefits:</b>		<b>\$</b>

**HOUSEHOLD BILLS & EXPENSES FOR PAST 30 DAYS: (INCLUDE PAID AND NOT PAID)**

	RENT/MORTGAGE: Circle one: Rent Own	\$
	ELECTRIC:	\$
	HEATING:	\$
	WATER/SEWER/GARBAGE	\$
	FOOD (estimate):	\$
	PRESCRIPTION/MEDICAL:	\$
	CAR PAYMENT:	\$
	GASOLINE (estimate):	\$
	CAR INSURANCE:	\$
	HOME INSURANCE:	\$
	LIFE INSURANCE:	\$
	CELL PHONE:	\$

	CABLE:	\$
	INTERNET:	\$
List all Payday Loans, Credit Card Bills, Storage Bills, and other expenses not listed:		
	OTHER:	\$
	OTHER:	\$
	OTHER:	\$
	OTHER:	\$
	OTHER:	\$
	OTHER:	\$
<b>TOTAL MONTHLY EXPENSES:</b>		<b>\$</b>
<b>TOTAL INCOME:</b>		<b>\$</b>
<b>INCOME – EXPENSES=</b>		<b>\$</b>

# ***ALL REQUESTS FOR ASSISTANCE (other than food) MUST PROVIDE THE FOLLOWING DOCUMENTS:***

- 1. Picture ID for each adult residing in the household – Driver’s License or Passport**
- 2. Proof of Income for the past 30 days – for each person residing in the household**
- 3. Income includes:** Employment Paystubs, Social Security benefits, SSDI benefits, SNAP award or denial letter(s), Housing assistance, TANF award letter, Monthly child support, Unemployment Benefits, Pension, Other Income (Financial assistance from family or friends)
- 4. Proof of Expenses for the past 30 days**
- 5. Expenses include:** Rent/Mortgage, Electric, Heating, Water/Sewer/Garbage, Prescription/Medical, Auto Payments, Car Insurance, Home insurance, Life Insurance, Home Phone, Cell Phone, Cable, Internet, Other Expenses (Payday Loans, Credit Card Payments, Storage Buildings, etc.)

## ***\*\*\*Incomplete applications will NOT BE ACCEPTED\*\*\****

HCSM is a county-wide shared effort of churches, civic groups, individuals, businesses, foundations, and the United Way to help meet the short-term, emergency needs of Hunt County residents. Assistance provided is based on individual need and should not be considered an entitlement. HCSM will occasionally share information with other agencies and organizations in order to better help applicants. ***HCSM does not discriminate based on immigration or citizenship status.***

Requests for assistance are based on need and funding available:

- **Rent/Mortgage (limited funds - available once every 24 months)**
- **Utilities - Electric, heating, water, propane only (available once every 24 months)**
- Medical appointments
- Dental Appointments
- Prescriptions

PLEASE EMAIL INFORMATION TO

**[paige@hcsmfish.org](mailto:paige@hcsmfish.org)**

- **SEND DOCUMENTS AS ATTACHMENTS**
- **NO DARK MODE SCREEN SHOTS**
- **PUT YOUR NAME IN THE SUBJECT LINE**
- **THE APP must be SIGNED**

In view of our basic core values, increasing demands, and limited funds, HCSM can reduce or deny assistance for any of the following reasons:

- Previous assistance
- Clients showing little evidence of personal responsibility
- Any client who gives false or misleading information
- Clients who refuse to fulfill any specified requirements