

FALL RIVER HELPING HANDS, INC.

1150 N 3400 E
Ashton, ID 83420
208-652-7431
800-632-5726
Fax 208-652-7825



A Touchstone Energy® Cooperative 

APPLICATION FOR DISTRIBUTION INDIVIDUAL / FAMILY HELPING HANDS EMERGENCY FUNDS

Household Address Information **Fall River Electric Account #** _____

Name _____

Street Address _____ Mailing Address _____

City _____ State _____ Zip _____ County _____

Contact Phone _____ Alternate Phone _____

Did you move into the Fall River Cooperative system within the past 12 months? No Yes

If yes, what date? _____ Are you currently receiving energy assistance, LIEAP, or food stamps? No Yes (If yes, provide verification of funding. If previously denied, include notification.)

Household Members (Please attach additional sheet if needed.)

- | | | | | | |
|----|-----------|-------|---------|--------------|--|
| 1. | _____ | _____ | _____ | _____ | _____-_____-_____ |
| | Last Name | First | Initial | Relationship | Social Security # (Include copy of card) |
| 2. | _____ | _____ | _____ | _____ | _____-_____-_____ |
| | Last Name | First | Initial | Relationship | Social Security # (Include copy of card) |
| 3. | _____ | _____ | _____ | _____ | _____-_____-_____ |
| | Last Name | First | Initial | Relationship | Social Security # (Include copy of card) |
| 4. | _____ | _____ | _____ | _____ | _____-_____-_____ |
| | Last Name | First | Initial | Relationship | Social Security # (Include copy of card) |
| 5. | _____ | _____ | _____ | _____ | _____-_____-_____ |
| | Last Name | First | Initial | Relationship | Social Security # (Include copy of card) |
| 6. | _____ | _____ | _____ | _____ | _____-_____-_____ |
| | Last Name | First | Initial | Relationship | Social Security # (Include copy of card) |

Number of household member's ages: 0-8 _____, 9-17 _____, 18-26 _____, 27-55 _____, 56-above _____

Sources of Income

Begin with last month and go back three (3) months. IF THERE IS ANY TIME PERIOD OF ZERO (0) INCOME, PLEASE EXPLAIN YOUR MEANS OF SURVIVAL. **Copies of documentation to prove all income must be included.**

First Person

Month	Year	Sources and Amounts of Gross Income (Please specify each source of income and who received it. Include paystubs or verification of income.)	Total Gross Income for Month
Example - June	2009	John - ABC Company - \$600; Social Security \$650	\$1,250
1			
2			
3			

Second Person

Month	Year	Sources and Amounts of Gross Income (Please specify each source of income and who received it. Include paystubs or verification of income.)	Total Gross Income for Month
Example - June	2009	Mary - Unemployment - \$300; Child Support - \$250	\$550
1			
2			
3			

Employer

Supervisor

Address

Phone

Employer

Supervisor

Address

Phone

Employer

Supervisor

Address

Phone

Please answer all questions for each of the resources listed below for all household members regardless of relationship. **If the resource listed does not apply to your household, please print “none” under each section headed “financial Institution”.**

RESOURCE	FINANCIAL INSTITUTION/LOCATION	CURRENT VALUE
1. Cash and/or Checking Account(s)		\$
2. Savings Account(s)		\$
3. Certificate of Deposit - Individual Retirement Accounts - Tax Sheltered Annuities - 401(K); 403(B) or any other retirement account.		\$
4. Cash Value of stocks and/or bonds		\$
5. Value of business assets, rental properties or property leases. (Self-employed households must provide this information).		\$
6. Life Insurance	WHOLE TERM (Circle each that apply)	\$
7. Property/real estate other than the home in which you live and it's adjoining land.		\$

Monthly Expenses						Total
Housing		Mortgage	\$	Rent*	\$	\$
*If renting: Owner of property -				Telephone #		
Food						
Utilities		Electricity	\$	Gas/Propane	\$	\$
		Telephone	\$	Other	\$	\$
Transportation		Auto Payments				\$
		Fuel				\$
Insurance		Medical				\$
		Life				\$
		Auto				\$
Medical		Doctors				\$
		Hospital				\$
		Medication				\$
Charge Accounts (Specify)						\$
						\$
						\$
Loans (Specify)						\$
						\$
						\$
Other Expenses (Specify)						\$
						\$
						\$
TOTAL MONTHLY EXPENSES						\$

Reason for Request for Donation: (Include amount requested and specific use of funds. For example: \$300 Fall River Electric Bill, \$300 Fall River Propane, \$125 one cord of firewood.)

The information contained in this statement is for the purpose of obtaining emergency funding from the Fall River Electric Cooperative Helping Hands program on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding grant funding, and each undersigned represents and warrants that the information provided is true and complete and that Fall River Helping Hands Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. Fall River Helping Hands Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature of applicant/recipient

Signature of Spouse

Printed Name

Printed Name

Date

**Signature of recommending organization -
such as LIEAP, Special Services, County agency
or church official.**

Organization

Name Print

Phone number

Please verify all information is completed to expedite the application. Checklist of necessary information:

_____ 1. Completed application - Please fill in all questions. Failure to do so could result in denial of requested funds.

_____ 2. Copies - previous energy assistance funds received or record of denial. This includes LIEAP and/or food stamps. **Signature from recommending organization is required.**

_____ 3. Copies - Social Security Cards.

_____ 4. Copies - proof of income – past 3 months.

_____ 5. Mail completed form to: Fall River Helping Hands • 1150 North 3400 East, Ashton, ID 83420