



Thank you for reaching out. We want to make the process as easy as possible for you. Please be sure to bring in **ALL** of the following supporting documents to apply for financial assistance and expedite the process.

- FULLY completed Financial Assistance form
 - Signed application
 - Signed Release of Information
 - Budget worksheet that includes income and monthly expenses
- Government Issued ID (not expired)
- Proof of income (Most recent, 1 month)
 - Paycheck stubs for all adults in the household requesting assistance
 - Social security, disability, unemployment, other income
- Bank statements for both checking and savings accounts (Most recent, 2 months)

Don't forget, bring in the following documentation for the type of assistance you are requesting:

Housing/Rent/Mortgage Assistance

- Past due bill or most recent statement
- Lease (if renting)
- Landlord/Property Mgmt. information OR Mortgage Company information (name, full address, phone number, email address)

Medical/Prescription/Healthcare Assistance

- Past due bill
- Doctor/Pharmacy/Hospital/Therapist information (name, full address, phone number, email address)

Utility Assistance

- Past due bill or most recent statement
- Signed release of information form if applying for Xcel Energy Assistance
- LEAP application approval or denial letter

Other

- Documentation of emergent financial need (ex: past due bill, quote, statement, letter, etc.)
- Relevant payer/provider information (name, full address, phone number, email address)

Once all documentation is turned in, our office will follow up with you within 2 business days.

2024 RIVER CENTER FINANCIAL ASSISTANCE REQUEST (v013024)

Incomplete forms are subject to denial. All information is confidential and will only be used for purposes of considering your application for financial assistance. **YOU WILL NOT RECEIVE AN IMMEDIATE ANSWER ON YOUR REQUEST.**
Once all supporting documentation has been submitted, please allow 2-10 business days for processing.

Date: _____ Referred By: _____

Referral contact info (we may reach out to verify referral): _____

Applicant Full Name:

_____ DOB: _____

Spouse/Partner Full Name (Required, if applicable):

_____ DOB: _____

Ethnicity*: Latino White Other _____ **Primary Language:** English Spanish Other

*For grant reporting purposes only. Does not affect decision on assistance.

Address: _____

Silt New Castle Apple Tree Other (We will be happy to assist with referrals that serve your geographic area.)

How long have you been at this residence? Less than one year More than one year

Email address: _____ Home/Mobile phone # _____ Spouse/Partner phone # _____

Additional adult family members who live with you:

First & Last Name _____ Age _____ Relationship _____

First & Last Name _____ Age _____ Relationship _____

Number of **children** living with you: _____

Ages of children living with you: _____

Do you own or rent? Own Rent

Do you have a roommate? Yes No If yes, how much does the roommate pay per month? _____

Employment status (Applicant):

Full Time Part Time Retired Unemployed Disabled

Employer: _____

Employed (hours per week): _____ How long have you been employed? _____

If unemployed, are you currently looking for work? Yes No

If no, please specify why? _____

Have you asked your employer for an advance or extra hours? Yes No

Employment status (Spouse/Partner), if applicable:

Full Time Part Time Retired Unemployed Disabled

Employer: _____

Employed (hours per week): _____ How long have you been employed? _____

If unemployed, are you currently looking for work? Yes No

If no, please specify why? _____

Have you asked your employer for an advance or extra hours? Yes No

BUDGET WORKSHEET*Please report all income from all wage earners supporting the household.*

INCOME	AMOUNT
Applicant Monthly Gross Income	
Spouse/Partner Monthly Gross Income	
Additional Income (Circle all that apply): Child support, Alimony, SNAP, HUD, Disability, Unemployment, TANF, WIC, etc.	
TOTAL INCOME:	

MONTHLY EXPENSES	AMOUNT	AMOUNT
Mortgage/Rent		Vehicle Payments
Home/Rental Insurance		Auto Insurance
Gas/Electric		Fuel
Water/Sewer/Trash		Credit Cards
Television		Loans
Phone (home and/or mobile)		Health Insurance
Internet		Medical bills/prescriptions
Groceries		Alimony/Child support
		TOTAL EXPENSES:

Total income	
Minus monthly expenses	
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