



## 2020 H4K FINANCIAL ASSISTANCE APPLICATION

### APPLICANT INFO:

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

### I AM APPLYING FOR:

Please Briefly Describe / Name The Program You  
Are Applying For: \_\_\_\_\_  
\_\_\_\_\_

I Can Afford \$ \_\_\_\_\_

Adults In Household: \_\_\_\_\_

Dependent Children In Household: \_\_\_\_\_

### CURRENT ASSISTANCE STATUS

First Time Applicant

Renewal / Return Application

### A SCHOLARSHIP APPLICATION & THE FOLLOWING DOCUMENTS ARE REQUIRED WHEN APPLYING FOR AID

#### A. Working Currently Or Self Employed:

Most Recent Tax Return\*

&

30 Day Proof Of Income For  
Entire Household

\$ \_\_\_\_\_

30 Day Gross Income

\*Visit [irs.gov](https://irs.gov) & Search "Get Transcript"

#### B. Receiving Other Assistance:

If Applicable, Documentation Of SSI, SSD,  
Food Stamps (FS) / Notice Of Action, AFDC,  
Unemployment, Child Support (CS), Etc.

Monthly SSI / SSD \$ \_\_\_\_\_

Monthly Unemployment \$ \_\_\_\_\_

Monthly FS / CS \$ \_\_\_\_\_

**Total Monthly Assistance** \$ \_\_\_\_\_

#### C. Letter Of Special Circumstances:

We Understand That Numbers Don't  
Show Everything. If There Are Any  
Special Circumstances Please Include  
A Written Explanation So That  
Consideration May Be Given.

Special / Unusual Circumstances:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

#### D. THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS UNLESS OTHERWISE SPECIFIED

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income or financial assistance not listed above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that assistance is based on need. In the event that I or my family must cancel our participation, I will contact an H4K representative immediately. I understand that if I falsify any of the above information for any reason, I will not be available for assistance now and / or in the future.

Print Name

Signature

Date

STAFF USE ONLY

Yes \_\_\_ No \_\_\_

INCOME VERIFICATION

\_\_\_\_/\_\_\_\_/\_\_\_\_

DATE RECEIVED

\_\_\_\_%

% GIVEN

\_\_\_\_/\_\_\_\_/\_\_\_\_

RE-APPLY DATE