



**Application for Assistance  
TREVOR COBB'S Helping Hands 2011-2012**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail \_\_\_\_\_ Are you easily contacted by e-mail? \_\_\_\_\_

Please list disabled dependents:

Spouse _____	Date of Birth _____	Sex _____
Child _____	Date of Birth _____	Sex _____
Child _____	Date of Birth _____	Sex _____
Child _____	Date of Birth _____	Sex _____
Child _____	Date of Birth _____	Sex _____

What type of assistance are you applying for?

\_\_\_\_\_  
 \_\_\_\_\_

**DISABILITY**

Are you or any person(s) in your household Blind, Disabled or unable to work due to illness or injury?

YES  NO

If "YES," Who? \_\_\_\_\_ When did this condition begin? \_\_\_\_\_

What is the disability? \_\_\_\_\_

If in need of monetary assistance, how much do you feel you need? \$ \_\_\_\_\_

If approved, who should the check be made out to? \_\_\_\_\_

Please check the reason you are applying for financial assistance:

Limited Income  Loss of Job  Medical Bills  Divorce  Other \_\_\_\_\_

**Financial Information:**

\$ \_\_\_\_\_ Monthly Gross Paycheck  
 \$ \_\_\_\_\_ Spouse's Monthly Gross Paycheck  
 \$ \_\_\_\_\_ Alimony / Child Support  
 \$ \_\_\_\_\_ Supplemental Support (Housing, Food Stamps, Social Security, etc.)  
 \$ \_\_\_\_\_ Other Income  
 \$ \_\_\_\_\_ Total Monthly Income

TREVOR COBB's Helping Hands (TCHH) is an organization that is out to connect the special needs community to resources. Financial assistance will be granted to anyone who can demonstrate a verifiable need through recognized proof of income. Valid proof of income must be provided before the application can be approved. PLEASE COMPLETE INCOME VERIFICATION ON REVERSE SIDE

By my signature, I am requesting assistance from TCHH due to my personal circumstances and I certify that all information provided is correct.

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

**TCHH offers assistance to the disabled and those with disable dependants. All records are kept confidential. Within the available resources of the organization, TCHH will provide assistance upon approval.**

#### Income Verification Guidelines...

Financial assistance applicants must provide the following financial verification:

1. Most recent income tax return (Not W-2 forms)
2. Last two (2) paycheck stubs.

#### Exceptions to above as follows:

1. Government Assistance – Notice of Decision (with names of eligible person(s) and total income including food stamps)
2. Social Security Disability – Letter from Social Security Office or Notice of Decision stating monthly benefits amount. This often needs to be accompanied by Government Assistance Income as applicable.
3. Unemployed – Notification of Eligible Benefits from Unemployment Office. Federal tax return will still be needed, as unemployment is a taxable income.
4. Full-Time College Student – Letter from Registrar's Office indicating a current full-time student status. A school schedule is NOT adequate documentation.
5. No Income – TCHH needs the Income Verification of the person(s) supporting the applicant.  
Example: John does not work and is living with his grandmother. Since she is providing him with room and board, TCHH would need a letter from the grandmother stating the situation.
6. Persons living in shelters – Letter from caseworker stating the circumstances of the individuals' situation.

#### How to apply for financial assistance at TCHH:

- Completely fill out Assistance Application
- Turn in application and complete financial verification to Trevor Cobb.
- Applications are reviewed on a monthly basis
- TCHH will notify you of your assistance decision/approval.

**Your application will not be processed until required verification is submitted in its entirety.**