**Financial Assistance Requirements**

Applicants must live in Franklin County.

If you meet the initial requirements, the next step is to schedule a Needs Assessment Appointment by calling 636-271-5315.

When you arrive at your scheduled appointment **you must have the following documentation in hand:**

\_\_\_Completed Agape House application for financial assistance. ***MUST*** be completed by the person whose name is on the rental agreement or utility bill.

\_\_\_Missouri Driver’s license or valid Missouri ID for **ALL** Adults in the household who are 18 and older.

\_\_\_\_Proof that all individuals 18 and older who are listed in the application for financial assistance live at the listed address. (ie: pay stubs, bills or other correspondence mailed to the listed address.)

\_\_\_\_Disconnect or Eviction Notice

\_\_\_\_Proof of all income for the last 4 weeks-For all adults who live in the home who are 18 or older. Example: check stubs, social security or disability benefit letter, child support, TNF award letters, unemployment, proof of HUD.

\_\_\_\_If unemployed, and not disabled, you will need proof of visiting the Missouri Job Center in Washington, Missouri (636-583-9670) showing copies of names and contacts for job applications.

When funds are available, we offer emergency financial assistance with utilities on a first come, first served basis. **You may receive ONLY 1 grant in any 12 month period**. To receive assistance, our clients are expected to pay a portion of the financial need, with Agape Help House funds helping to make up the difference.

**Release of Confidential Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to The Agape Help House of Pacific to release information and disclose any information about me and minor dependents living in the same household for the purpose of applying for any service; i.e. food pantry and/or financial assistance with other organizations or Agape Help programs for which I may qualify.

I understand that my signature on this release does not guarantee that my household will receive specific or any assistance from Agape Help House of Pacific or any other referring agencies.

This signed release is valid as long as I am receiving assistance from this organization.

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

Print Name Signature Date

**If Other Adults in household, each adult must sign below:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to The Agape Help House of Pacific to release information and disclose any information about me and minor dependents living in the same household for the purpose of applying for any service; i.e. food pantry and/or financial assistance with other organizations or Agape Help programs for which I may qualify.

I understand that my signature on this release does not guarantee that my household will receive specific or any assistance from Agape Help House of Pacific or any other referring agencies.

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

Print Name Signature Date

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

Print Name Signature Date

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

Print Name Signature Date

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

Print Name Signature Date

FINANCIAL ASSISTANCE APPLICATION



FINANCIAL ASSISTANCE APPLICATION, con’t.

Monthly Income and Expenses

OTHER HELP SERVICES

(Keep this page)

Jefferson Franklin Community Action Corp (JFCAC) Phone: 636-629-6193

Fax: 636-629-6134

Eureka Pantry Phone: 636-938-6377

St. Bridget’s/St. Vincent Phone: 877-238-3228

Loving Hearts (Washington) Phone: 636-390-8300

Family Services (FSD) Phone: 636-584-6300

WIC Phone: 636-583-7300

St. Clair Agape Phone: 636-629-9899

St. James Phone: 877-238-3228

St. Johns Phone: 636-583-2488

Washington Emergency Relief Phone: 636-239-6633

Missouri Job Center Phone: 636-583-9670

Washington Square, Washington, Mo.

UNITED WAY HOTLINE 211

[www.mercy.net/mnm](http://www.mercy.net/mnm)

Mercy Neighborhood Ministries