**Financial Assistance Requirements**

***Please follow this checklist exactly***. 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. (i.e.: 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.

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

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

Print Name Signature Date

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

Print Name Signature Date

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

Print Name Signature Date

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

Print Name Signature Date

FINANCIAL ASSISTANCE APPLICATION

***PLEASE WRITE LEGIBLY AND ANSWER EACH QUESTION***



FINANCIAL ASSISTANCE APPLICATION, cont.

Monthly Income and Expenses

OTHER HELP SERVICES - (Keep this page)

Jefferson Franklin Community Action Corp (JFCAC) Phone: 636-629-6193 or 636-789-2686

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

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

WIC Phone: 636-583-7300

St. Vincent de Paul: St. Bridget, Pacific Phone: 636-271-3993

St. James, Catawissa Phone: 636-451-4685

Sullivan Phone: 877-238-3228 X3365

St. John, Villa Ridge

South of I-44 Phone: 636-583-2488

Immaculate Conception,

Union Phone: 636-583-5144

St. Mary, Villa Ridge,

North of I-44 Phone: 636-451-4685

Our Lady of Lourdes,

Washington Phone: 636-239-3520

St. Clair Agape Phone: 636-629-9899

Washington Emergency Relief Phone: 636-239-6633

Missouri Job Center Phone: 636-583-9670

Washington Square, Washington, Mo.

**UNITED WAY HOTLINE 211 OR 1-800-427-4626 OR 211helps.org**

***Some other programs that could be of assistance to you are:***

* [www.foundationsforfranklincounty.org](http://www.foundationsforfranklincounty.org) – list of help agencies in Franklin County
* [www.mercy.net/mnm](http://www.mercy.net/mnm) . . . . . . (Mercy Neighborhood Ministries)

Click on “Resources” for a page of links to various help agencies.

* [www.mohousingresources.com/safhr](http://www.mohousingresources.com/safhr) - for rent or utilities
* [www.mydss.mo.gov/energy-assistance](http://www.mydss.mo.gov/energy-assistance)
* [www.cfpb.gov/govrent](http://www.cfpb.gov/govrent)
* [Vital.ID.FC@gmail.com](mailto:Vital.ID.FC@gmail.com) OR 314-301-9846 – Help to get legal ID including MO non-driver photo ID, social security card, USA birth certificate