



# Financial Aid Application

## **Important: Read Carefully**

- **Financial aid appointments are on Tuesdays and Wednesdays. Call 817-295-6252 to schedule.**
- **Your application must be fully completed before your appointment.**
- **Fill out all blanks, review, initial, sign, and date the form. Bring all required documents, listed on page 2.**
- **Incomplete applications or missing documents may require rescheduling or completing your paperwork in the lobby.**

Write your appointment date/time here: \_\_\_\_\_

**Questions? 817-295-6252 / [harvest@yourharvesthouse.org](mailto:harvest@yourharvesthouse.org)**

## Harvest House Financial Aid Rules

- **Turn in Papers on Time:** Bring all needed papers by **Thursday at 1 PM**. If you're late or missing papers, we cannot help.
- **Who Gets Help:**
  - Help goes to those with the most need.
  - Asking for help doesn't mean you'll get it.
  - We'll tell you by **Friday at 4 PM**. Wait until Monday at 11 AM to call us.
- **Rules to Get Help:**
  - \_\_\_\_ You must be the main person on the bill, lease, or mortgage.
  - \_\_\_\_ After your first help, you must try for government help (like food stamps, Medicaid, or disability).
  - \_\_\_\_ If you've been out of work 3+ months, sign up for unemployment, or register with TX Workforce, and show proof of ongoing job search.
  - \_\_\_\_ Show you can pay bills after getting help or agree to a plan.
  - \_\_\_\_ Bills must be due now or at risk (like eviction). **We don't pay late fees or future bills.**
  - \_\_\_\_ If you earn more than your bills, explain why you need help.
- **No Help If:**
  - \_\_\_\_ Your papers are missing or incomplete.
  - \_\_\_\_ You get government housing help but have no special reason.
  - \_\_\_\_ You've been out of work 3+ months without a good reason.
  - \_\_\_\_ You make too much money to qualify.
  - \_\_\_\_ You were denied help in the last 90 days or got help in the past year (without a special reason).
  - \_\_\_\_ You won't take a 1-hour money class (budgeting).
  - \_\_\_\_ You miss/cancel your meeting without telling us 24 hrs. ahead (you'll have to wait 60 days to try again). **Contacting us 24 hours ahead, will allow a fellow applicant a chance to take your spot.**
- **What Counts as Special Reasons:**
  - Family or health emergency, homelessness, prison release, rehab.
  - Crisis in the last 120 days that caused loss of food, home, or utilities.
  - Disability proven by a doctor and applying for Social Security if it's long-term.

By signing below, you agree to these rules. All papers must be turned in by **Thursday at 1 PM**, or your request will be denied. Late or incomplete papers will not be accepted.

  
Sign Here

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

**Documents Needed for Financial Help**  
**Email docs in PDF format or bring paper copies**

☐ **Photo ID (Adults in Household – 18 years old and above):**

- Driver's license, state ID, passport, Mexican ID, or jail ID

☐ **Proof for Minors (Below the age of 18 years old):**

- Birth certificate naming you as parent
- If not parent, provide court custody papers

☐ **Proof of Address (Adults):**

- Utility bill (water, gas, electric)
- Official letter with your address (e.g., benefits award letter)

☐ **Proof of Income (Adults):**

- Last 60 days of income (pay stubs, bank statements, benefits, tax return)
- Government award letters (SSI, SSDI, Medicaid, child support, food stamps, etc.)
- If no income, show proof of support (family, cash app, Venmo, etc.)

☐ **Bill You Need Help With:**

- Rent: Letter from landlord showing amount due + full lease. If someone on the lease moved out, landlord must confirm in writing
- Utilities: Full bill showing past due amount and charges, disconnect notice (if applicable). **Fort Worth residents must provide full lease.**

☐ **Proof of Need (If Applies):**

- Medical records, family crisis proof, job loss letter from HR
- If medical issue: Doctor's note showing inability to work (for all adults in household)

☐ **Other Documents (If Applies):**

- Proof of disability or denial letter
- Proof of unemployment or denial letter
- Government housing voucher (rent/utility amount included)
- Job search proof (e.g., Indeed, TWC)

**Tip:**  
Check the boxes when you  
have the documents ready.

**All documents must be from the last 30 days.**

**NO HANDWRITTEN PAGES OR SCREENSHOTS**

## Client Information Sheet

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth (MM-DD-YYYY) \_\_\_\_\_

Gender: ☐ Female ☐ Male

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Church and Location \_\_\_\_\_

Emergency Contact (name & phone) \_\_\_\_\_

Identification Number \_\_\_\_\_  
(State Driver License, State ID, Passport, Out of Country ID)

Are you disabled? ☐ Yes ☐ No

Is head of household female? ☐ Yes ☐ No

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: ☐ White

☐ Black/African American

☐ Black/African American & White

☐ American Indian or Alaskan Native

☐ American Indian or Alaskan Native and White

☐ Native Hawaiian or Other Pacific Islander

☐ American Indian or Alaskan Native & Black/African American

☐ Asian

☐ Asian & White

☐ Other multiple race combinations

### Office Use Only

Client No. \_\_\_\_\_

Date: \_\_\_\_\_



Are you a Veteran?    ☐ Yes    ☐ No

Are you receiving disability income?    ☐ Yes    ☐ No

Are you homeless?    ☐ Yes    ☐ No

Are you at risk of homelessness?    ☐ Yes    ☐ No

Are you single?    ☐ Yes    ☐ No

**All Other Adults/Children in Household**

First & Last Name	Birthdate mm/dd/yyyy	M/F	Check if employed	Check if student

Is your electricity through United Cooperative Services? ☐ Yes ☐ No  
If yes, what is your account number? \_\_\_\_\_

What type of financial assistance are you requesting?

☐ Water ☐ Electricity ☐ Gas ☐ Rent/Housing ☐ Other \_\_\_\_\_

List amounts separately: Water \$\_\_\_\_\_ Electricity \$\_\_\_\_\_ Gas \$\_\_\_\_\_ Other \$\_\_\_\_\_

How much assistance are you requesting total? \$\_\_\_\_\_

If applying for rent assistance, how much? \$\_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Have you applied for Financial Assistance in the past 12 months? ☐ Yes ☐ No

If you applied for assistance what was the date? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

**Monthly Income of Entire Household BEFORE TAXES.** Please list all money you receive in your household including child support, Social Security, SNAP, employment (including off the books work), family support, household members support.

	Self	Spouse	Children	Other
Child Support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SNAP	\$	\$	\$	\$
Last 30 days' income	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Total	\$	\$	\$	\$

**Total Household Income before taxes (gross)** \$ \_\_\_\_\_

**Monthly Expenses:** Rent/Mortgage \$\_\_\_\_\_ Car/Home Insurance \$\_\_\_\_\_

Electric \$\_\_\_\_\_ Water \$\_\_\_\_\_ Phone \$\_\_\_\_\_ Gas \$\_\_\_\_\_

Car Payment(s) \$\_\_\_\_\_ Loans/Credit Cards \$\_\_\_\_\_

Medical/Prescriptions \$\_\_\_\_\_ Internet/Satellite \$\_\_\_\_\_

School Education \$\_\_\_\_\_ Groceries/Toiletries \$\_\_\_\_\_ Other \$\_\_\_\_\_

**Total Household Expenses** \$ \_\_\_\_\_

## Financial Assistance Information

Fill in ALL the blanks.

Thank you!

**Why are you here today, and how long has this been a problem?** (Write details on the back if you need more space.)

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**What have you tried to fix this problem, and what is your plan not to need help again?**

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**Have you asked for help from another group or agency? Which one?** \_\_\_\_\_

**Have you gotten help from a group or agency in the last 90 days?** \_\_\_\_\_

**How much can you or someone in your family pay toward this problem?** \_\_\_\_\_

**When did you last have a job?** \_\_\_\_\_

**Are you looking for a job right now?** If yes, how are you looking? If no, why not?

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**If we approve your request, what is your plan for next month?**

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**Have you signed up for government help?** If not, why haven't you?

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## Application Agreement

*I certify that the information I am providing in this application is true and could be subject to a verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State, and local law.*

When you sign and initial this, you agree to these rules:

\_\_\_\_\_ We don't pick who gets help by who asks first. We decide based on who needs it most and the money we have. Not everyone who applies will get help.

\_\_\_\_\_ The information you give us on this form helps us decide if you can get help.

\_\_\_\_\_ If your application is not complete, we can't review it.

\_\_\_\_\_  
Client/Parent/legal Guardian

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

## Food Liability Waiver

I hereby release Your Harvest House of all liability from received grocery services. By signing below, I understand that the perishable, non-perishable and non-grocery items I receive from your Harvest House have been donated by various resources. I also understand that some items may not be consumable and that my own judgment must be used should I decide to take the item and use it.

Sign Here →

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



## Notice of Beneficiary Rights

Name of Agency: Your Harvest House

Name of Program: Financial Assistance Program

Contact information for Program Staff:

Henry Serrano, 817-295-6252 ext 103, [henry@yourharvesthouse.org](mailto:henry@yourharvesthouse.org)

Because this program is supported in whole or in part by direct Federal financial assistance from the Federal Government, we are required to let you know that:

- We may not discriminate against you on the basis of religion, religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
- We may not require you to attend or participate in any explicitly religious activities that are offered by us and any participation by you in these activities must be purely voluntary;
- We must separate, in time or location, any privately funded explicitly religious activities from activities supported by direct Federal financial assistance;
- If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternative provider to which you have no such objection; and
- You may report an organization's violations of these protections, including any denial of services or benefits, by contacting or filing a written complaint to HUD [or the intermediary, if applicable].

We must give you this written notice before you can enroll in our program or activity, as required by 24 CFR 5.109.

If you need help paying your rent, your landlord must fill out the next form. If you're not asking for rent assistance, the last page does not need to be completed.

**Your Harvest House**  
**349 NW Renfro, Burleson, TX 76028**

*This form must be completed in its entirety by the Local Recipient Organization (LRO) providing service, as all information is required, for each rent/mortgage payment made with Emergency Food and Shelter Program funds. This form must be signed and dated by the landlord or property manager. Failure to provide complete, required information will result in a compliance exception.*

**Client Information:**

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

(complete street address)

\_\_\_\_\_  
(city/state/zip)

**Type of Assistance:**

**Rent**

☐ Past due rent

☐ Current month's rent

☐ First month's rent (effective/move in date \_\_\_\_\_) (month/date/year)

**Mortgage**

☐ Past due mortgage

☐ Current month's mortgage

The **monthly (one month)** rent/mortgage payment: \$ \_\_\_\_\_

The total amount owed by the client: \$ \_\_\_\_\_

The amount being paid is for the month(s) of \_\_\_\_\_  
(month/year)

**Due Date**  
(month/date/year)

**Amount**

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

The total amount being paid by this agency: \$ \_\_\_\_\_

**LRO Verification (To be completed by the LRO staff):**

LRO Staff Name: \_\_\_\_\_

LRO Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Landlord/Mortgage Holder Verification (To be completed by the landlord/mortgage holder):**

**If the property is within the city limits of Fort Worth, please answer:**

Is the unit habitable and up to city standards, and has it passed an inspection showing that it meets HUD's Housing Quality Standards (HQS)? \_\_\_\_ Yes \_\_\_\_ No

The following confirms that all information on this page is accurate, and payment made by this agency will guarantee residency for an additional 30 days.

Landlord/Mortgage Holder Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(street/city/state)

Landlord/Mortgage Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_