



# Financial Aid Application

Financial aid appointments are on Tues. and Wed. Call 817-295-6252 ext 100 or 104

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

## **Important: Read Carefully**

- **Your application must be fully completed before your appointment.**
- **Fill out all blanks, sign, and date the form. Bring all required documents, listed on p 2.**
- **Incomplete applications or missing documents may require rescheduling or completing your paperwork in the lobby.**
- **We do not accept applications through email, only in person.**
- **If you miss/cancel your meeting without telling us 24 hrs. ahead, you'll have to wait 60 days to try again.**

**Please do not fold, or soil application.**

**And print legibly in blue or black ink only.**

**Questions? 817-295-6252 ext 103 / [assistance@yourharvesthouse.org](mailto:assistance@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 email 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 or someone living with you 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 for a 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 the week of your appointment**, 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. (Do not email the application.)**

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

- Driver's license, state ID, passport, Home Country 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

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

**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 past due amount. (See last page.) Full lease with your name on it. If someone on the lease moved out, landlord must confirm in writing.
- Utilities: Full bill showing past due amount and charges, disconnect notice (if you have one). Full lease with your name on it.
- We don't pay late fees.

**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)
- Eviction notice (if applies)

**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 \_\_\_\_\_ Unit# \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

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

Church and Location (optional) \_\_\_\_\_

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/Caucasian

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: \_\_\_\_\_

 Check One

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

Engaged?  Yes  No Living Together?  Yes  No

**Who referred you? (Choose one)**

Friend  Relative  211  Social Worker  Harvest House Website

Drive-By  Other \_\_\_\_\_

**All Other Adults/Children in Household**

First & Last Name	Birthdate mm/dd/yyyy	M/F	Check if employed	Check if student	Relationship	Gluten Allergy Y/N
						Y/N
						Y/N
						Y/N
						Y/N
						Y/N
						Y/N
						Y/N
						Y/N
						Y/N
						Y/N
						Y/N
						Y/N
						Y/N
						Y/N
						Y/N

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? \$\_\_\_\_\_

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) \$** \_\_\_\_\_

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**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 have you had this problem?** (If you need extra room, write on the back.)

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**Have you tried to fix this problem?**  Yes  No

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

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Use this page to write more information



**Harvest House**

**Three-Step Short-Term Financial Plan**

**MUST BE FILLED OUT AND RETURNED WITH APPLICATION**

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

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

**Step 1: Employment Barrier**

What is your biggest barrier to getting a job right now?

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What can we do first to start fixing this problem?

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**Step 2: Top Three-Monthly Financial Priorities**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Step 3: 30-Day Goals**

1. \_\_\_\_\_

Target Completion Date: \_\_\_\_\_

2. \_\_\_\_\_

Target Completion Date: \_\_\_\_\_

3. \_\_\_\_\_

Target Completion Date: \_\_\_\_\_

## 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.

*initial all  
blanks*

\_\_\_\_\_ 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.

**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/Parent/legal Guardian

\_\_\_\_\_  
Harvest House Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
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: \$ \_\_\_\_\_

Has an eviction notice been generated?  Yes  No

Please provide a court date: \_\_\_\_\_

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

**Please Provide name of Payee for check (in the event your application is approved).**

**Who should check be made out to:** \_\_\_\_\_

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: \_\_\_\_\_