



WE ARE HOPE FOUNDATION

129 Sunward Dr., La Vergne, TN 37086

WeAreHopeTN@gmail.com • www.facebook.com/WeAreHopeTN

Thank you for requesting an application to receive assistance from the We Are Hope Foundation. We are an independent 501(c)3 organization dedicated to providing hope for residents in need of a helping hand. Our goal is to work together with our entire community to provide assistance to vulnerable people in our area. Our resources – whether monetary or service oriented – are dedicated to delivering compassionate, high-quality help for people without regard to race, religion, national origin, sex, age, pregnancy, citizenship, familial status or disability. Please complete this application for review by our panel of volunteers to determine your eligibility for assistance.

Your signature below acknowledges that if you receive any help from the We Are Hope Foundation or its contractors and subcontractors, you will not write a negative review online or in any other form about the help you received. Your signature will also acknowledge that if you do this, you will be asked to return the funding in full for services (e.g., utility bills paid) or pay for any work, material, marketing, or administrative fees incurred for your project.

Signature

Printed Name

Date

SECTION 1 – GENERAL INFORMATION

Applicant Name: _____ County: _____

Address: _____
Street City Zip

Phone: _____ Email: _____

Number of Adults in Household: _____ Number of Children: _____

Ages of Children: _____

Who have you contacted for assistance in the past 12-months: (check all that apply)

- SNAP
- WIC or TANF
- 211
- United Way
- Mid-Cumberland Community Action
- Salvation Army
- Local Utility Agency
- Others _____

SECTION 4 – FINANCIAL INFORMATION

MONTHLY INCOME BEFORE ANYTHING IS TAKEN OUT

WAGES FROM WORK Member #1

Jan. _____ Feb. _____ March _____
 April _____ May _____ June _____

 July _____ Aug. _____ Sept. _____
 Oct. _____ Nov. _____ Dec. _____

Attach a paystub or Letter of hire from your new employer

MONTHLY INCOME BEFORE ANYTHING IS TAKEN OUT

WAGES FROM WORK Member #2

Jan. _____ Feb. _____ March _____
 April _____ May _____ June _____

 July _____ Aug. _____ Sept. _____
 Oct. _____ Nov. _____ Dec. _____

Attach a paystub or Letter of hire from your new employer

MONTHLY INCOME BEFORE ANYTHING IS TAKEN OUT

WAGES FROM WORK Member #3

Jan. _____ Feb. _____ March _____
 April _____ May _____ June _____

 July _____ Aug. _____ Sept. _____
 Oct. _____ Nov. _____ Dec. _____

Attach a paystub or Letter of hire from your new employer

Tax returns, state documents, etc. must be submitted with each income source.

This information will never be given or sold to any third party sources without your written permission.

MONTHLY CHILD SUPPORT \$ _____
 W2 WAGES FROM PREVIOUS YEAR \$ _____
 MONTHLY PENSION / RETIREMENT \$ _____
 DISABILITY PAYMENTS \$ _____
 SELF EMPLOYMENT WAGES FROM PREVIOUS YEAR \$ _____
 UNEMPLOYMENT WAGES \$ _____
 OTHER INCOME \$ _____

MONTHLY EXPENSES

Mortgage/Rent	\$ _____	Car/Truck	\$ _____
Gas / Propane	\$ _____	Insurance (all)	\$ _____
Electricity	\$ _____	Cable / Internet	\$ _____
Water / Sewer	\$ _____	Phone	\$ _____

Food \$ _____ Clothing \$ _____
Other Supplies \$ _____ (can be diapers, toilet paper, household items, etc.)
Other Expenses \$ _____ (can include medical, prescriptions, fuel and transportation, etc.)
Details _____

SECTION 5 – RELEASE STATEMENT

I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the We Are Hope Foundation from all liability, (b) waiving my right to sue the We Are Hope Foundation, (c) and assuming all risks of participating. I further acknowledge that this application has been completed in a truthful manner.

Further, in no event will the We Are Hope Foundation, or any of its officers, directors, employees, shareholders, affiliates, agents, successors or assigns, nor any party involved in service to your need, be liable to you or anyone else for any indirect, special, punitive, incidental or consequential damages arising out of the use, inability to use, or the results of our work, and whether or not advised of the possibility of such damages. The foregoing limitations of liability do not apply to the extent prohibited by law. Please refer to your local laws for any such prohibitions.

Applicant Signature:

Date: _____

NOTARY

County: _____

Expiration: _____

Notary Signature

Notary Printed Name