



## HOPE CONFERENCE APPLICATION FOR ASSISTANCE

Conferences and Vincentians have consistently provided funds to the Hope Conference to serve as a *resource of last resort*. Our efforts to address *homelessness and homelessness prevention* began three years ago in collaboration with Season of Sharing (SOS). In addition to SOS, we now serve our community with funds from Sunlight Giving, EFSP (FEMA), Diablo Valley Impact, and other generous donors and grants. Each of these funds comes with unique requirements, benefits, and challenges when allocating assistance. To help facilitate this funding and allow the Hope Conference to respond swiftly to assistance requests, we have developed a two-tiered application.

### Tier 1 Request Requirements

- For all *resource of last resort issues* (car repair, PG&E/water bills, etc.):
  - ◊ Completed pages 2 and 3 of the application below and attached copies of any bills needing payment

*The Hope Conference cannot reimburse any other conference until a case application has been submitted and approved by consensus of the Hope Conference members.*

### Tier 2 Requests Requirements

- For all *homelessness, homelessness prevention, or housing assistance* (late rent, deposits, eviction prevention, three-day notices):
  - ◊ Completed pages 2, 3 and 4 of the application below and attached copies of any bills needing payment
  - ◊ All necessary documents listed below on Documentation Checklist, where applicable

*As the funders dictate these criteria and guidelines, cases will not be funded until 1) specific requirements are met, 2) a completed application is submitted, and 3) all required documentation is attached.*

### APPLICATION DOCUMENTATION CHECKLIST

- Completed Application** - See below.
- Proof of Crisis** - Verifiable proof of client's emergency situation (loss of income, police reports, medical or other bills, etc.), proof of reason to move, including 30, 60, or 90-day notice.
- Proof of Income** - Two *full* months of income for *all* members of household: most recent paycheck stubs, SSI award letter, unemployment letter, disability award letter, child support award letter, etc.
- Proof of 6-Month Residency** - Utility bills, old/current signed lease, paystub address in county.
- Past Due Rent Notice** - Proof of past due rent or mortgage, current *signed* lease/rental agreement, statement from landlord/mortgage company of amount due, eviction notice (with reason for termination of lease), 3-day notice, or foreclosure notice (*if applicable*).
- Signed Lease Agreement** - *Signed* lease/rental agreement (stating security deposit, future/current rent, household members) or letter of intent to rent from future landlord.
- For Section 8 Rentals** - Include Section 8 Housing Choice Voucher and Section 8 signed Assisted Lease Agreement and Inspection Report indicating property has *passed (if applicable)*.
- Photo ID** - Copies of current legal identification of all adults living in household.
- Social Security Cards** - Legible copies for all adults and children living in household.
- W-9 Form from Landlord** - For delinquent rent > \$600, only if landlord is not an LLC.
- Release of Information**
- Landlord Verification Letter**
- Check Request**

[CLICK HERE FOR BLANK COPIES OF THESE DOCUMENTS](#)



# HOPE CONFERENCE APPLICATION FOR ASSISTANCE

EMAIL APPLICATION TO: [hopeconference.svdp@gmail.com](mailto:hopeconference.svdp@gmail.com)

Hope Conference meets every 2<sup>nd</sup> and 4<sup>th</sup> Wednesday of the month to review funding requests. Applications must be received by the Monday prior to meetings for consideration and will be granted as funds are available. Only completed applications will be reviewed.

*If you do not receive an application confirmation receipt, please contact Stephen Krank: (925) 698-0377.*

Referring Agency/Organization: \_\_\_\_\_

Contact Person or Agency/Organization Representative: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Is this application COVID-19 related?     yes     no

Reason for request:     Rent/Mortgage     Utilities     Transportation     Other: \_\_\_\_\_

Copy of utility or other bill(s) attached:     yes    Account #: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Payee: \_\_\_\_\_

Mailing Address for Check: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### APPLICANT INFORMATION

**Head of Household**      Last Name: \_\_\_\_\_      First Name: \_\_\_\_\_

**Spouse or Other Adult**      Last Name: \_\_\_\_\_      First Name: \_\_\_\_\_

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

City: \_\_\_\_\_      Zip Code: \_\_\_\_\_      Phone Number: \_\_\_\_\_

### CHILDREN (UNDER 18) THAT LIVE WITH YOU

| Name | Age | Gender | Name | Age | Gender |
|------|-----|--------|------|-----|--------|
|      |     |        |      |     |        |
|      |     |        |      |     |        |
|      |     |        |      |     |        |

### OTHERS IN THE HOUSEHOLD (INCLUDING CHILDREN OVER 18)

| Name | Relationship |
|------|--------------|
|      |              |
|      |              |
|      |              |



## HOPE CONFERENCE APPLICATION FOR ASSISTANCE - CONTINUED

| Monthly Household Income Sources         |           |
|--|-----------|
| <input type="checkbox"/> Job             | \$        |
| <input type="checkbox"/> Social Security | \$        |
| <input type="checkbox"/> Child Support   | \$        |
| <input type="checkbox"/> TANF            | \$        |
| <input type="checkbox"/> Unemployment    | \$        |
| <input type="checkbox"/> Other:          | \$        |
| <b>Total Monthly Income</b>              | <b>\$</b> |

| Requested Funds                         |              |
|---|--------------|
| <input type="checkbox"/> Rent/Mortgage  | \$           |
| <input type="checkbox"/> Utilities      | \$           |
| <input type="checkbox"/> Transportation | \$           |
| <input type="checkbox"/> Other:         | \$           |
| <b>Subtotal Requested Funds</b>         | <b>\$</b>    |
| Funds from Other Sources                | \$ (       ) |
| <b>Total Funds Requested</b>            | <b>\$</b>    |

### WRITTEN APPLICANT SUMMARY (ADDITIONAL PAGES MAY BE ATTACHED)

I AGREE THAT THE ABOVE INFORMATION IS TRUE.

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

Please let us know if we can share your story in order to help others in the future. By signing below, you agree that St. Vincent de Paul can share your story in the hope of helping others in need.

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

What other actions have been taken to alleviate this need?



## HOPE CONFERENCE APPLICATION FOR ASSISTANCE - CONTINUED

**BUDGET FORM:** Please be thorough and complete all sections.

**\*REQUIRED FOR ALL TIER 2 ASSISTANCE REQUESTS.\***

| <b>SECTION 1: Monthly Household Income</b> |                 |                 |                 |
|--|-----------------|-----------------|-----------------|
|  | Last Month      | This Month      | Next Month      |
| Total income (see page 3 above)            | \$ _____        | \$ _____        | \$ _____        |
| Covid-19 relief: State / Federal funds     | \$ _____        | \$ _____        | \$ _____        |
| <b>Total Income:</b>                       | <b>\$ _____</b> | <b>\$ _____</b> | <b>\$ _____</b> |

| <b>SECTION 2: Monthly Household expenses</b>   |                 |                 |                 |
|--|-----------------|-----------------|-----------------|
|  | Last Month      | This Month      | Next Month      |
| Rent/mortgage                                  | \$ _____        | \$ _____        | \$ _____        |
| Taxes (homeowner)                              | \$ _____        | \$ _____        | \$ _____        |
| Utilities (PG&E)                               | \$ _____        | \$ _____        | \$ _____        |
| Utilities: water, garbage                      | \$ _____        | \$ _____        | \$ _____        |
| Telephone / cell phone                         | \$ _____        | \$ _____        | \$ _____        |
| Food / toiletries (not covered by food stamps) | \$ _____        | \$ _____        | \$ _____        |
| Health insurance                               | \$ _____        | \$ _____        | \$ _____        |
| Medical needs (Rx, doctor visits, etc.)        | \$ _____        | \$ _____        | \$ _____        |
| Car payments                                   | \$ _____        | \$ _____        | \$ _____        |
| Car insurance                                  | \$ _____        | \$ _____        | \$ _____        |
| Transportation (bus, gas, tolls, parking)      | \$ _____        | \$ _____        | \$ _____        |
| Child care                                     | \$ _____        | \$ _____        | \$ _____        |
| Clothing                                       | \$ _____        | \$ _____        | \$ _____        |
| Cleaning / laundry                             | \$ _____        | \$ _____        | \$ _____        |
| Installment payments (credit cards, loans)     | \$ _____        | \$ _____        | \$ _____        |
| Cable / internet                               | \$ _____        | \$ _____        | \$ _____        |
| Miscellaneous (entertainment, etc.)            | \$ _____        | \$ _____        | \$ _____        |
| <b>Total Expenses:</b>                         | <b>\$ _____</b> | <b>\$ _____</b> | <b>\$ _____</b> |

| <b>SECTION 3: Monthly Balance</b>  |                 |                 |                 |
|------------------------------------|-----------------|-----------------|-----------------|
|                                    | Last Month      | This Month      | Next Month      |
| Total income (Section 1)           | \$ _____        | \$ _____        | \$ _____        |
| Total expenses (Section 2)         | \$ _____        | \$ _____        | \$ _____        |
| <b>Monthly Surplus or Shortage</b> | <b>\$ _____</b> | <b>\$ _____</b> | <b>\$ _____</b> |

*(Total income minus total expenses)*