



## Society of St. Vincent De Paul

### Holy Rosary Church

21 E. 15th Street, Antioch, Ca 94509

Email Address: [mhrcsvdp@gmail.com](mailto:mhrcsvdp@gmail.com) (925)757-0941 (Voicemail Only)

### **DOCUMENTS REQUIRED FOR APPLICATION PROCESS AND REVIEW BY YOUR VINCENTIAN VOLUNTEER**

1. **Government Issued ID with Photo for All Adults Living in the Residence**
2. **SVdP Application/Budget/Release Forms: Complete All Sides, Sign & Date the Release Form. Email to: [mhrcsvdp@gmail.com](mailto:mhrcsvdp@gmail.com) or mail to 21 E. 15<sup>th</sup> St. - Antioch**
3. **Proof of Crisis: Verifiable proof of your emergency (Loss of Income, Police or Fire Case Number(s), Medical Bills, Etc.), proof of reason to move, including 3, 30, 60, or 90-day Notice. Please include a written explanation. *If you are in the eviction process we are not able to assist you.***
4. **Proof of Income from ALL Household Members: Most Current Two Months of Paystubs, Award Letters from Social Security, Disability, Cash Aid, Calworks, Child Support, EDD, CalFresh, or Any Other Income.**
5. **Rent or Deposit Requests: Copy of the Lease or A Letter of Intent-To-Rent, and Section 8 Voucher if Applicable, along With Pass Inspection Document (*If you are receiving Cash Aid and/or Calworks contact your CCC Social Worker*); *For Deposits only if you are on medical contact your worker and apply with Cal Aim.***
6. **If You Are Requesting Help with PG&E or Water, Please Submit Most Recent Bill. We only can up to \$250.00 for a 12-month period (*We do not help with phone, cable/DSL, or garbage bills*).**
7. **Furniture/Bed Requests: Please List Bed Size - Twin or Full. For furniture list what you are needing. YOU ARE RESPONSIBLE FOR PROVIDING TRANSPORTATION FROM THE THRIFT STORE IN PITTSBURG TO YOUR RESIDENCE. (*If you cannot transport the items, the thrift store can recommend a local mover – work with your Vincentian Volunteer for cost approval*)**

Revised: 2/10/25





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**CONFIDENTIAL RELEASE FORM**

In consideration of services to be undertaken or rendered on my behalf by the Society of St. Vincent de Paul (SVdP), its members, agents, or affiliated organizations (hereinafter referred to as SVdP), I, the undersigned: \_\_\_\_\_, hereby authorizes SVdP to receive, from any and all sources, and to release to any person or organization, any confidential information regarding me which may be necessary or useful to SVdP in relation to the services to be rendered. **I hereby release SVdP from all liability in any way related to the receipt and/or release of said confidential information.**

I further understand that the release of this information does not guarantee assistance will be provided, but without such information my case cannot be presented to our SVdP conference for consideration.

SVdP Volunteer Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

The Listed Undersigned: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS RELEASE IS EFFECTIVE FOR A PERIOD OF (120) ONE HUNDRED AND TWENTY DAYS AFTER UNDERSIGNED**

Revised 4-16-24





Society of St. Vincent de Paul – Most Holy Rosary Conference  
21 E. 15 St. Antioch, Ca. 94509 (Voice Mail Only) 925-757-0941  
Email to Address: [MHRCsvdp@gmail.com](mailto:MHRCsvdp@gmail.com)

Our SVdP Conference is a volunteer organization, wanting to help people who are trying to recover from a crisis, to maintain their sustainability. Our organization is **A HAND UP, NOT A HANDOUT**. We help Antioch residents only. Please complete the personal information, release of liability and financial sides of this form. This will assist our Vincentians to determine how best to help you. Our return calls are from a blocked number. Thank you and may God bless you and your family.

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ANTIOCH ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ No. of Adults: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_ No. of Dependent Children: \_\_\_\_\_

PREFERRED LANGUAGE (MARK WITH X): ENGLISH: \_\_\_\_\_ SPANISH: \_\_\_\_\_ OTHER: \_\_\_\_\_

**HAVE YOU HAD PREVIOUS HELP FOR RENT/DEPOSIT/ UTILITIES FROM:**

Seasons of Sharing: Yes \_\_\_\_\_ No \_\_\_\_\_; If yes, please provide the Date: \_\_\_\_\_

Shelter Inc.: Yes \_\_\_\_\_ No \_\_\_\_\_; If yes, please provide the Date: \_\_\_\_\_

Catholic Charities: Yes \_\_\_\_\_ No \_\_\_\_\_; If yes, please provide the Date: \_\_\_\_\_

SVdP Hope Conference: Yes \_\_\_\_\_ No \_\_\_\_\_; If yes, please provide the Date: \_\_\_\_\_

Hope Solutions or any other organization: Yes \_\_\_\_\_ No \_\_\_\_\_; If yes, provide the Date: \_\_\_\_\_

LIHEAP: YES \_\_\_\_\_ NO \_\_\_\_\_:DATE \_\_\_\_\_; REACH: YES \_\_\_\_\_ NO \_\_\_\_\_:DATE \_\_\_\_\_

**PLEASE SELECT ONE OF THE BELOW LISTED NEEDS AND AMOUNT**

RENT: \$ \_\_\_\_\_; Number of Months Behind: \_\_\_\_\_ DEPOSIT: \$ \_\_\_\_\_

PG&E: \$ \_\_\_\_\_; City of Antioch Water: \$ \_\_\_\_\_; Number of Months Behind: \_\_\_\_\_

BEDS: Number of Twin: \_\_\_\_\_; Full: \_\_\_\_\_

FURNITURE: \_\_\_\_\_

FOR ADDITIONAL RESOURCES CALL: 211 or [www.211cc.org](http://www.211cc.org); To Apply for Shelter Inc. On Line Only: [www.shelterinc.org/renthelp](http://www.shelterinc.org/renthelp); Catholic Charities On Line Only: [www.cceb.org/housing-intake](http://www.cceb.org/housing-intake)

DATE APPLICATION COMPLETED: \_\_\_\_\_ Email to: [mhrcsvdp@gmail.com](mailto:mhrcsvdp@gmail.com)

Revised: 2/10/25



NAME OF APPLICANT:

Society of St. Vincent De Paul  
Most Holy Rosary Conference  
21 E. 15th Street, Antioch, CA 94509

(925)757-0941 (VOICEMAIL ONLY) EMAIL ADDRESS: MHRCSVDP@GMAIL.COM



**APPLICANT MONTHLY INCOME**

APPLICANT NET MONTHLY WAGE	\$
OTHER ADULT NET MONTHLY INCOME	\$
CHILD SUPPORT	\$
CALWORKS	\$
CASH AID	\$
SOCIAL SECURITY	\$
UNEMPLOYMENT (EDD)	\$
CALFRESH (FOOD STAMPS OR EBT)	\$
OTHER INCOME NOT LISTED	\$
DISABILITY OR WORKERS COMPENSATION	\$
<b>TOTAL INCOME</b>	\$

<b>TOTAL INCOME</b>	\$
<b>LESS TOTAL EXPENSES</b>	\$
<b>BALANCE (+ OR -)</b>	\$

**APPLICANT MONTHLY EXPENSES**

RENT	\$
PG&E	\$
CITY OF ANTIOCH WATER	\$
GARBAGE SERVICE	\$
TV AND INTERNET	\$
TELEPHONE SERVICE	\$
MONTHLY FOOD EXPENSE	\$
CHILD CARE	\$
MEDICAL COVERAGE	\$
VEHICLE PAYMENT	\$
VEHICLE MONTHLY INSURANCE PAYMENT	\$
MONTHLY FUEL EXPENSE	\$
BART/E-BART/BUS/TOLLS	\$
PERSONAL HYGIENE	\$
LAUNDRY/CLEANING	\$
CLOTHING	\$
CIGARETTES	\$
ENTERTAINMENT PLEASE SPECIFY	\$
PET SUPPLIES	\$
OUTSTANDING LOAN PAYMENTS	\$
OTHER MISCELLANEOUS EXPENSES	\$
<b>TOTAL MONTHLY EXPENSES</b>	\$