



Application for Assistance with

Hurting Hearts Ministries

P. O. Box 835

Allen, Texas 75002

1-800-723-8103

Hurting Hearts Ministries provides assistance financially, spiritually, and physically to Ministers & Individuals who are going through a crisis of some kind. All cases are thoroughly reviewed by our Board of Directors and must be approved by the Board of Directors with majority approval. All applicants will be considered but not all applicants will be approved. Any misuse of funds will be returned to Hurting Hearts Ministries, upon request. All statements in this application are true and accurate. This application is completed to secure relief from financial distress.

What we will need from you and things to know:

- 1) If you are a Ministry, Church or other organization is referring the person/persons to us you must email or fax a statement on Ministry, Church or Company letterhead along with the completed application, including that the applicant is in need of Hurting Hearts Ministries services. Or you may send your letter separately and have the applicant submit their application to us.
- 2) PLEASE PRINT ALL INFORMATION as well as complete all questions on the application. Incomplete sections will result in a delay of the process.
- 3) You must sign the application authorizing Hurting Hearts to verify any & all information provided to us. You must also provide proof of your estimated gross income amount such as a pay stub or current year income tax return.
- 4) All information provided will be held in strict confidence unless we determine there may and/or is a life or death situation such as suicide, spousal abuse, child abuse or other identifiable reasons.
- 5) Please request our fax number for faxing your documentation to us. Otherwise please mail all documents to HURTING HEARTS MINISTRIES, P.O. Box 835 Allen, Texas 75002.

Next Step:

When we receive the completed application, it will be reviewed in a very timely manner by the Board of Director's.

You will be contacted by the President or another Board Member regarding the status of your request.

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HURTING HEARTS MINISTRIES

APPLICATION for SERVICES

Referring Ministry or Organization (Please Print)

Date of Application: _____

Ministry/Church/Organization: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

APPLICANT (PLEASE PRINT)

First Name: _____ Last

Name: _____

Phone (Home): _____ Cell: _____ Work: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

(PLEASE CIRCLE THAT WHICH APPLIES TO YOU)

Single Married Divorced

Number of Dependents if any: _____

Dependent & Spouse Information

Spouse's Name: _____

Place of Employment: _____

Amount of Income: _____

Date of Birth: _____

Number of Dependents: _____

Please list ALL DEPENDENTS in the spaces provided below:

	<u>Dependents Name</u>	<u>Age</u>	<u>Male/Female</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

PLEASE ATTACH ADDITIONAL PAPER FOR MORE ROOM

Are there any persons in your household that have life threatening medical conditions and if so can you provide Doctor's proof of this condition, please explain:

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Specific Request (PLEASE PRINT)

- Describe in detail what has brought you to request assistance from Hurting Hearts Ministries:

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- If the assistance needed is due to Employment loss, please tell us how long you have been unemployed and out of your last place of your last place of employment:

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- Are you employed anywhere at this present time? If so, where and may we contact this employer for verification? What is your current income from this job? Please provide your most recent pay stub from this employer.

- Describe what kind of assistance that you are requesting from Hurting Hearts Ministries:_____

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- Please give us an estimated total cost of the amount that you are requesting as well as listing the financial obligations that are in jeopardy at this time:_____

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- **If you are requesting assistance other than that dealing with money, please be brief but descriptive about what you are needing:**

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- **Has Hurting Hearts Ministries ever assisted you before (PLEASE EXPLAIN IN DETAIL):** _____

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- **What other resources such as savings or other income do you have access to? Please provide proof of current gross income by providing any current pay stubs and/or the most currently filed income tax return.**

- **Who else have you contacted for this particular need (Example would be family, neighbor, church or a social service agency):** _____

We will let you know if there is any other information needed to complete the application process. Retrieving additional information may delay approval process. Please give 7-10 days for final approval and disbursement of services. Thank you.

HHM Rep please sign & date for approval: _____

Printed Name of an HHM Representative is Required

Signature of an HHM Representative is Required for Approval

Date of Approval

Office Use Only: Date Received in office: _____ **Received by:** _____ **Review Results:** _____

M - D - YEAR

INITIALS of HHM REP

APPROVED - DENIED