

# HARDSHIP FORM

Please complete the information below detailing your temporary financial hardship.



## Have you experienced any of the following?

### Loss of income

- Loss of overtime
- Time-off without pay
- Layoff, termination, quit employment
- Garnishment
- VA or Social Security overpayment
- Loss of Social Security or VA payment
- Other (specify): \_\_\_\_\_

### Increase in expenses

- Home repair (completed or not)
- Car Repair (completed or not)
- Medical Bill (paid or unpaid)
- Other (specify): \_\_\_\_\_

### Do any of these circumstances apply?

- Victim of robbery/theft
- Fire
- Unexpected medical situation
- Pay Day Loan

## What assistance are you requesting today?

- |  |  |                                      |   |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Rent/Mortgage       | <input type="checkbox"/> Food            | <input type="checkbox"/> Furniture   | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Gas Utility         | <input type="checkbox"/> Clothing        | <input type="checkbox"/> Home repair |   |
| <input type="checkbox"/> Electric Utility    | <input type="checkbox"/> Hygiene         | <input type="checkbox"/> Car repair  | _____   |
| <input type="checkbox"/> Water/Sewer Utility | <input type="checkbox"/> Household goods |                                      |   |

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please use this space below to provide us with any additional details concerning your temporary hardship.