



Name: _____ Date of Birth: _____

Address: _____

Phone: _____ E-mail: _____

Marital Status: Single Married Spouse's name: _____

Partners in Hope (PIH) is a Lake Travis community ministry that connects people who desire physical, emotional and spiritual help with people who will help.

Application and review process

- I understand that completion and submission of this form is not an offer or guarantee of financial assistance. I agree to participate in an interview and a process of review for approval or denial by a Partners In Hope staff member.
- I agree that I will not hold Partners in Hope or its volunteers responsible for any claims associated with the work done at my home or in the delivery of service to me or to my family.
- If approved, I agree to enter a one-year, two-way process with Partners in Hope. I commit to:
 - _____ Participate in monthly update meetings in my home or another location. Meetings may be held virtually as appropriate to respect Covid-19 recommendations.
 - _____ Set mutually agreed upon goals with PIH and work together towards reaching them.
 - _____ Meet with additional community members, ministries and resources (in person, by phone, or video call) as referred by Partners in Hope as part of the mutually agreed upon goals.
 - _____ Participate in fellowship activities promoted by PIH as I am able.
 - _____ Read *God Will Use This for Good* booklet and discuss with a PIH staff member.
 - _____ Work with PIH to find ways I can serve in the community.

_____ I give Partners in Hope the authority to share my information with community partners like Crisis Ministries and other volunteers when needed.

_____ I give permission for my image and that of my family to be used by PIH on their website, social media pages and other media

_____ I agree that, if I receive assistance of any kind from Partners in Hope, the monetary amount or value is not to be disclosed to anyone outside my immediate family.

Your Signature and Date

PIH Staff Signature and Date

Do you own rent your home?

For homeowners: Do you affirm that

- You are, or you and your spouse together are, the sole owner
- No one else has rights to the property
- There are no legal restrictions to work on the property

Other than yourself and your spouse, list everyone staying or living where you are:

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

List relatives that live in the Austin area:

Name: _____ Contact info: _____
Name: _____ Contact info: _____

Briefly explain what kind of assistance you need and why.

How do you know about Partners in Hope?

Have you ever received assistance from Partners in Hope? Yes No

If yes, how did we help you? _____

If recommended by the Partners in Hope team, are you open to receiving counseling?

Yes No

Briefly describe your spiritual life and what that means to you today.

Do you currently attend a church? Yes No **Do you own a bible?** Yes No

Which church do you attend? _____

Other Assistance: What other financial assistance are you currently receiving or have you received within the last 6 months? List state/county agencies, programs, churches or non-profit organizations, friends/relatives, etc.

Organization/Person	Date	Type of assistance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Employment

You: Full-time Part-time None Spouse: Full-time Part-time None

Current employer's name: _____

Type of work: _____

Spouse's employer name: _____

Spouse's type of work: _____

References: Names & phone numbers for up to three references we can call, if necessary.

1. _____
2. _____
3. _____

Monthly Income & Expenses

Employment Income

Assistance Income

Self:	_____	Unemployment:	_____
Spouse:	_____	SSI / SSD:	_____
Other:	_____	Other:	_____
Total Employment:	_____	Total Assistance:	_____

Expenses	Amount	Account current? Y or N	Amount past due
Tithe/Offerings	_____		
Food / Household	_____		
Gas, Auto maintenance	_____		
Mortgage or Rent	_____	_____	_____
Utilities	_____	_____	_____
Phone (home)	_____	_____	_____
Phone (mobile)	_____	_____	_____
Car Payments	_____	_____	_____
Insurance	_____	_____	_____
Other:	_____	_____	_____
TOTAL EXPENSES:	_____		
Balance:	_____		

Do you have available funds in savings, stocks, etc.? Yes No Amount: \$_____

Is there anything else that Partners in Hope should know in consideration of your application?

All information in this application is true and accurate to the best of my knowledge.
I understand these processes and requirements, and I submit this application for consideration
by Partners in Hope.

Client Signature and Date

Received by Partners in Hope Staff member

They are like a man building a house, who dug down deep and laid the foundation on rock. When a flood came, the torrent struck that house but could not shake it, because it was well built.

Luke 6:48

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