



HUTTO RESOURCE CENTER

Assistance Request Form

512-759-0784
www.huttoresourcecenter.org
info@huttoresourcecenter.org

INSTRUCTIONS

- Applicants must live within the Hutto Independent School District Boundaries.
- Applications may only be submitted once every **six (6) months**.
- Include copies of any bills/invoices for which assistance is being requested.
- We will contact you within seven (7) business days after receiving your application.

NAME _____ TODAY'S DATE _____

ADDRESS _____ CITY/ST/ZIP Hutto, TX 78634

HOME PHONE _____ CELL _____

EMAIL _____

Employment/Income Status: Full-time Part-time Retired At-home parent/caregiver
 Temporarily Unable to Work Unemployed Disability/SSI Other _____

Health Insurance: Insured Under-insured No Insurance

Co-Applicant (Spouse/Partner) Information: NAME _____

CELL _____ EMAIL _____

Employment/Income Status: Full-time Part-time Retired At-home parent/caregiver
 Temporarily Unable to Work Unemployed Disability/SSI Other _____

Health Insurance: Insured Under-insured No Insurance

Please indicate the assistance you are requesting:

- Electric Company _____ Amount \$ _____ Due Date _____
- Water Company _____ Amount \$ _____ Due Date _____
- Gas Company _____ Amount \$ _____ Due Date _____
- Other Company _____ Amount \$ _____ Due Date _____
- Other Company _____ Amount \$ _____ Due Date _____
- Other _____

Have you received any utility disconnect notices? _____

Explanation for your financial struggle (continue on back if more space is needed):

Current Monthly Household Income: \$ _____ Total Number of people in Household: _____

Ages of all People Living in the Household: _____

Marital Status: Married/Partner Single Divorced Widowed

Housing Status: Rent Own your home Live with friends/relatives Other

How did you hear about us? _____

Have you submitted an application for assistance from us before? Yes No Not sure

If yes, please list the date(s) _____

Applicant(s) Signature(s) _____



The following information is optional. Providing this information may enable us to access additional funds to help you or to identify referrals to other community resources for which may be eligible.

Some questions help us gain funding or plan support programs in the community.

Have any family members in your household had a diagnosis of cancer? Yes No

If yes, type(s) of cancer: _____

Is anyone in the household a veteran? Yes No

Racial or Ethnic Affiliation of household members (this information may help us qualify for grants)

American Indian/Alaskan Asian/Pacific Islander Black/African American Hispanic/Latino

White/Caucasian Other _____

Please identify any of the following programs or services that you might be interested in:

English/Spanish Classes Stress Management Budgeting/Financial Management Counseling

Cancer Support Group Support Group for Caregivers Veterans Networking Group

Other _____

Comments or questions: