



# HUTTO RESOURCE CENTER

## Assistance Request Form

512-688-0162  
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:**