



HUTTO HAS HEART

Assistance Request Form

512.759.0784
www.huttohasheart.org
huttohasheart@gmail.com

INSTRUCTIONS

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

NAME _____ TODAY'S DATE _____

ADDRESS _____ CITY / ZIP _____

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 describe 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 page 2 if more space is needed):

Current Monthly Household Income: \$ _____ Total # 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 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 that you may be eligible for. Some questions help us gain funding or plan support programs in the community.

Have any family members 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: