

Hospitality House

Client ID#

C

Pit Stop Application Form

Information requested will be used to assist us in providing you with service and referrals to other agencies and or businesses. This information will be kept confidential. Data compiled from this information may be used to assist us in securing grants and other financial support.

Driver's license number _____

First Name Middle Initial Last Name Date of Birth

Street Address/Apt. # City Zip Code

Primary Phone# Alternate Phone # Emergency Contact & Phone #

Circle One: Married Single Divorced Widowed Separated

Circle One: African American American Indian Arabic Asian Caucasian/White
Hispanic Multi-racial Chaldean Other

Male Female Employed? Y/N Employer: _____ Monthly Earnings: \$ _____

Pension: \$ _____ Unemployment: \$ _____ Short-term Disability: \$ _____

SS: \$ _____ SS Disability: \$ _____ VA Benefits: \$ _____

Vehicle Description

Make: _____

Model: _____

Year: _____

VIN number: _____

Please enclose the following in this application

- a. Auto registration
- b. Auto Insurance
- c. Driver's license

MONTHLY HOUSEHOLD BUDGET

HOUSEHOLD

INCOME

JOB #1 _____
 JOB #2 _____
 JOB #3 _____
 UNEMPLOYMENT _____
 UNEMPLOYMENT _____
 SOCIAL SECURITY _____
 SOCIAL SECURITY _____
 SOC SEC DISABLITY _____
 SOC SEC DISABLITY _____
 SURVIVOR _____
 BENEFITS _____
 VA BENEFITS _____
 PENSION _____
 PENSION _____
 CHILD SUPPORT _____
 CHILD SUPPORT _____
 DHS CASH _____
 ASSISTANCE _____
 ALIMONY _____
 OTHER _____
TOTAL INCOME _____

MONTHLY BILLS

MORTGAGE _____
 RENT _____
 LOT RENT _____
 PROPERTY TAXES _____
 H.O. INSURANCE _____
 WATER _____
 ELECTRIC _____
 GAS _____
 HOUSE PHONE _____

 CELL PHONE _____
 CELL PHONE _____
 CAR INSURANCE _____
 CAR INSURANCE _____
 CAR PAYMENT _____
 CAR PAYMENT _____

 TRASH REMOVAL _____
 CHILD SUPPORT _____
 CHILD SUPPORT _____
TOTAL _____
EXPENSES _____

Please list monthly expenses below for all household members.

EXPENSES

CABLE _____
 INTERNET _____
 CREDIT CARD _____
 CREDIT CARD _____

 LIFE INSURANCE _____
 LOAN PAYMENT _____
 LOAN PAYMENT _____
 STUDENT LOAN _____
 PRESCRIPTIONS _____
 PRESCRIPTIONS _____
 HEALTH _____
 INSURANCE _____
 DENTAL _____
 INSURANCE _____
 MEDICAL _____
 MEDICAL _____
 CAR MAINTENANCE _____
 GASOLINE _____
 ENTERTAINMENT _____
 RECREATION _____
TOTAL EXPENSES _____

TOTAL INCOME _____
 LESS TOTAL BILLS _____
BALANCE _____
 LESS EXPENSES _____
DISPOSABLE _____
INCOME _____

This monthly budget is used by us to determine your need for assistance.

NAME _____

CLIENT # _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. How many cars are in your household? _____
2. What is the primary purpose of this vehicle _____
3. Have you received food pantry services in the last six months? _____
4. Have you asked for transportation assistance in the last year? _____
5. Is this your first time receiving help from Hospitality House? _____
6. Who referred you to Hospitality House? _____

Please sign, stating that you understand and are applying for transportation repair assistance. I am authorizing Hospitality House Food Pantry to release my personal information for the purposes of helping me to secure needed transportation repairs. I acknowledge that the information gathered may be used to acquire grants and other types of support.

Signature of Applicant

Date

Please do not write below this line for Administrative purposes only

DETERMINATION AT INTAKE – THIS SECTION IS FOR HOSPITALITY HOUSE PERSONNEL ONLY.

Income verified Y N

Registration verified and copied: Y N

Insurance verified and copied? Y N

Estimate verified from HHFP approved vendor and copied? Y N

Application Approved: Y N Application Denied: Y N

Signature of Intake person

Date

Signature of Director or authorizing HHFP staff

Date

Total Repair _____

Client portion _____

Agency portion _____