



The TUC Helping Hands Fund

Texas United Charities (TUC) is committed to helping people within the community who have an acute need. The TUC Helping Hands Fund provides assistance on an individual basis for those who qualify and can show a need for emergency funds.

This Fund may include such things as: assistance in burial expenses (all or partial), past due rent or utilities (all or partial), prescription/medical payments, groceries – for individual and/or pets, and a variety of other day-to-day costs of living that may arise because of illness, lay-off, family emergencies, or other unexpected catastrophe.

What the fund will not pay is: car payments or penalties/fees, new purchases of luxury items, credit card payments, child support payments, or any debts/expenses incurred by others not living with or supported by applicant.

You can submit your completed application (including all required documentation and identification) via one of the following methods:

MAIL: 4414 Gardendale Dr., Houston, TX 77092

or

EMAIL: mflories7@yahoo.com

If you have any questions or if you need help completing your application, please call or email:

713-884-6944 (10am – 7pm)

EMAIL: mflories7@yahoo.com

A **new** application is required each time assistance is requested. No assistance will be granted without the proper application on file. All decisions as to assistance will be made by the TUC Helping Hands Committee and shall be final.

Assistance is not guaranteed and will be evaluated on a case-by-case basis.

TUC will respond to applications within 72 hours.

All applications will be held in the strictest of confidence by the TUC Helping Hands Committee.

All decisions of Texas United Charities shall be final.



The TUC Helping Hands Fund Application

Please answer the following questions to apply for the TUC Helping Hands Fund:

PLEASE PRINT NEATLY OR TYPE

PART 1

Full, Legal Name: _____ Date of Birth: _____ Age: _____

Address: _____ Apt. Number: _____

City: _____ State: _____ Zip: _____ S.S.#: _____

Home phone: _____ Alternative Name & Phone: _____

Do you have a roommate/spouse? No Yes Roommate/Spouse's Name: _____

Has your roommate applied for assistance with the TUC HH Fund as well? No Yes. If yes, when? _____

How many people live in your household? _____ Who are they? _____

Do they financially contribute to the household? No Yes If no, why? _____

Are you presently employed? No Yes If no, what as the last date worked? _____

Employer: _____ Telephone: _____

Are you presently disabled? No Yes Date of Disability: _____

Are you receiving SSI/SSD? No Yes

Do you have a need for legal documents? Will Power of Attorney Medical Power of Attorney DNR
 Rights of Disposition Other



The TUC Helping Hands Fund Application

PART 2

\$ Amount Requested	TYPE OF ASSISTANCE YOU ARE SEEKING	What you MUST attach to this application*
\$ _____ <i>Address for mailing Rent payment</i>	RENT <i>Landlord's Name:</i> _____ <i>Check Paid to:</i> _____ <i>Street/PO Box:</i> _____ <i>City, State Zip</i> _____	<u>COMPLETE COPY</u> of your signed lease must be attached for rent help (every page)
\$ _____	NATURAL GAS	<u>COMPLETE</u> , Original bill <i>must</i> be attached (not a copy)
\$ _____	ELECTRIC	<u>COMPLETE</u> , Original bill <i>must</i> be attached (not a copy)
\$ _____	WATER	<u>COMPLETE</u> , Original bill <i>must</i> be attached (not a copy)
\$ _____	TELEPHONE	<u>COMPLETE</u> , Original bill <i>must</i> be attached (not a copy)

Please explain any circumstances that arose as to why you weren't able to pay these bills. _____

PERSONAL FINANCIAL INFORMATION

<u>Income/Assets</u>	<u>Expenses</u>
\$ _____ Present Salary/Income	\$ _____ Child Support Paid Out
\$ _____ Amount of SSI/SSD (attach verification)	\$ _____ Monthly Rent Payment
\$ _____ Amount of VA/Military Benefits	\$ _____ Monthly Car Expense (Gas & Insurance (ONLY) * If there is a Car Expense, you must provide us a copy of the Proof of Insurance
\$ _____ Employer's Long-term Disability Insurance	\$ _____ Monthly Food and Clothing (Approximate)
\$ _____ Private Long-term Disability Insurance	\$ _____ Monthly Utility Bills (Approximate)
\$ _____ Child Support Received	\$ _____ Monthly Medical Services (Approximate)
\$ _____ Other Income – List	\$ _____ Credit Card Bills – List and attach most current statement(s)
\$ _____ Retirement of any kind	\$ _____ Other Expenses – List
\$ _____ Stocks or Annuities	
\$ _____ Savings Portfolio	
\$ _____ Trust Fund	

On a separate sheet of paper, list all bank accounts in which your name appears as owner or part owner. Provide the most recent statement showing transactions/activity and balances. This includes, but is not limited to checking, savings, money market (Checking/Savings/CD) - any banking activity and in any state where the account may be located.

