

HELP-Link Diversion Assistance Application

Personal Information

Name _____ Date _____

Address _____
Street Address and Mailing Address City ZIP

Email _____ Phone _____

Employer _____ Employment Status
(permanent, temporary, unemployed)

Hours per Week _____ Wage per hour _____ Pay Dates _____

Employment Start Date _____ Other Income _____ Other Income _____

I am asking for assistance with (dollar amount and item): _____

I need this help because: _____

Who I have asked for help and their answer: _____

Monthly Budget

Housing	Food	Car Payment	Car Insurance
Health Insurance	Utilities	Fuel	Phone
TV	Internet	Credit Cards	Childcare
Student Loans	Entertainment	Personal Care	Pets
Other	Other	Other	Other
Other Assistance Received (SNAP, TANF, Medicaid, WIC, Childcare, Housing, WIOA, etc.)			
Total Income		Total Expenses	

Verification

****Attach proof of what you need to purchase (item, dollar amount, where to be purchased, requirement to purchase, etc.)****

Acknowledgement and Signature

I certify that the information stated on this application is true and accurate. I understand that false, misleading, or incomplete information may result in penalties as specified by law.

Signature _____ Date _____

HELP-Link Diversion Assistance Application

FOR OFFICE USE ONLY

Date Application Received _____

Approved

Denied

Notes _____

Signature _____

Title _____

Date _____

Income Calculation

X	

Hours Worked per Week
(average if necessary)

Rate of Pay per Hour

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Total Weekly Pay

X 4.3

Total
Weekly Pay

Total
Monthly Pay