

### Client Information

Date:				Office Use Only			
Name:							
Address:							
City:	State:	Zip:	Telephone:				
Email:							
List yourself & ALL Household Members (Last, First, Middle Initial)	Social Security #	Birthdate (mo/day/yr)	Gender (M/F)	Ethnicity Use # below	Job (Y/N)	Disabled (Y/N)	Veteran (Y/N)

**Ethnic Categories:**

1. White   2. African American / Black   3. Asian   4. Native American/Alaskan Native   5. Native Hawaiian/Pac.Isle
6. Native American & White   7. Asian & White   8. African American/Black & White
9. Native American & African American (Black)   10. Other Multiracial   11. Hispanic/ Latino

**LIST ALL SOURCES OF MONTHLY HOUSEHOLD INCOME AND AMOUNTS:**

Job \$	SSI \$	TANF/SFA/RCA/DCA \$	
VA \$	Pension \$	SSA \$	L&I \$
Unemployment \$	Child Support \$	Other \$	

**HOUSING STATUS:**

Own/buying;    Rental;    Homeless;    Subsidized

Monthly Housing Payment:   \$    How long have you lived in this area? (Dates)  

Heating fuel:    Electric;    Natural Gas;    Propane;    Oil;    Wood

Please list any heating bill assistance you are receiving.   \$  

Is heat included in your monthly rental expense?    Yes;    No

Do you live with someone else or live on someone's property?    Yes;    No

**OTHER ASSISTANCE INFORMATION:**

Do you own a car?    Yes    No

Have you used a food bank within the last 30 days?    Yes    No

Are you a single parent?    Yes    No    Female    Male

Have you ever served in the military?    Yes    No

How did you hear about New Hope?  

**WHAT KIND OF HELP ARE YOU SEEKING TODAY?**  

I certify the information contained in this application is complete and accurate to the best of my knowledge. If I knowingly give false information, assistance will be denied. I authorize New Hope Resource Center to exchange such information with other agencies only as required by law and/or to deliver the requested assistance.

Client Signature:    Date:

*I certify the information contained in this application is complete and accurate to the best of my knowledge. If I knowingly give false information, assistance will be denied. I authorize NHRC to exchange such information with other agencies only as required by law and/or to deliver the requested assistance.*

*Further, in consideration for allowing me to utilize the resources and services of NHRC including but not limited to any products, clothing, appliances, or anything else I may acquire from NHRC I, the undersigned, intending to be legally bound hereby, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and hold harmless NHRC and its officers, directors, employees, agents, successors, assigns, and any and all sponsors (be they individuals or organizations), together with their representatives, successors, and assigns, from any and all liability, claims, damages, actions and causes of action whatsoever on account of any loss, damage, or injury to my person (including death), any loss of personal or real property, or any other loss or inconvenience whatsoever, suffered by me at any time hereafter arising out of my utilization of NHRC, whether resulting from NHRC's negligence or otherwise.*

*Client Signature*

*Date*

*New Hope Resource Center is supported by Community Development Block Grant and Spokane County Churches*