



LENDING HANDS USA

A 501 c (3) Private Foundation

P.O. Box 1500
Snowflake, AZ 85937
Office: 623-340-4782

Email: info@lendinghandsusa.org

Website: www.lendinghandsusa.org

APPLICANT INFORMATION

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Driver's License: _____ State Issued: _____ Expiration: _____

S.S.N: _____ D.O.B: _____

Do you own or rent your home? Yes _____ No _____ Monthly Rent/Payment: _____

How long have you resided/lived at your current address: _____

Are you an American Citizen Yes _____ No _____

Other _____

COPIES OF DRIVERS LICENSE, SOCIAL SECURITY CARD, RENT/MORTGAGE MUST BE ATTACHED TO APPLICATION

DISABILITY – MAJOR ILLNESS

Date of Injury: _____

Type of Injury or major illness:

Do you have a friend or family member that can assist with your home repairs?

Yes: _____ No: _____

If Yes please provide contact information – Name: _____

Phone: _____ Email: _____

Best method to contact your friend/family member? _____

Other

COPIES OF INJURY, FROM WORKMANS COMP, AUTO ACCIDENT ETC. MUST BE ATTACHED TO APPLICATION TO PROVE INJURY/DISABILITY.

AFFILIATION (Public Charity, Church etc.) or other 501 c (3) organization

Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Referral/Care Giver Name: _____

Phone: _____ Email: _____

Contractor Support Needed _____

Are you able to pay for any specialized contractor support: Yes _____ No _____ What percentage can your Organization pay towards contractor support:

Are you willing to make monthly payments towards any contractor support:

Yes _____ No _____

Other

COPY OF DETERMINATION LETTER OR PARTNERSHIP LETTER FROM AN APPROVED ORGANIZATION PROVIDING UMBRELLA SUPPORT MUST BE ATTACHED TO APPLICATION.

SERVICE PERSONNEL: MILITARY

Military Service: _____ Date of Service: _____

Discharge: Honorable _____ Dishonorable: _____

DD-214: _____

Other

COPY OF DD-214 MUST BE ATTACHED TO APPLICATION

Service Personnel: Police, Fire etc.

Badge #: _____

Precinct: _____

Commanding Officer: _____ Phone: _____

Email: _____

Currently Employed: _____

Injured: _____ Date of Injury: _____ Retired: _____

Type of Injury:

Do you have a friend or family member that can assist with your repairs or installation of materials:

Yes: _____ No: _____ Name: _____

Phone: _____ Email: _____

Best method of contact for this person: _____

Other friends/family/co-workers etc.:

COPIES OF ID POLICE SERVICE CARD, PAY STUB OR A LEO CERTIFICATION CARD, SF-50 RETIREMENT CERTIFICATE MUST BE ATTACHED WITH THIS APPLICATION.

QUALIFICATIONS - \$28,000.00

Applicants that are applying at or below our income level of \$28,000.00 must have a Yearly income and be able to provide proof of income through your wages earned, yearly income taxes, property verification. We will conduct financial verification of your income in order to qualify your household for supportive services or direct donation support. Please submit a copy of our driver's license (photo copy – front and back), utilities, birth certificate, verification of address, city, state, zip code etc. Anyone failing to submit the requested documents will result in a delay in our verification process.

Applicant's that fail to respond to our questions in a timely manner or exceed a thirty (30) day period are cancelled and can reapply at a later date, six (6) months from the date of original application submitted.

QUALIFICATIONS - \$10,000.00

Applicants that are applying at or below our income level of \$10,000.00 must be able to show proof of their yearly income through Social Security monthly wages, disability income or other form of earned and validated yearly income. Your yearly income taxes must validate the income you are stating. Property verification is required. We will conduct financial verification of your income in order to qualify your household for supportive services or direct donation support. Please submit a copy of our driver's license (photo copy – front and back), utilities, birth certificate, verification of address, city, state, zip code etc. Anyone failing to submit the requested documents will result in a delay in our verification process. Please state any difficulties you are having with your living condition and should you require help in filling out this application. Please come

into our office and a staff member will assist you with the requirements needed to apply for services. Applicant's that fail to respond to our questions in a timely manner or exceed a thirty (30) day period are cancelled and can reapply at a later date, six (6) months from the date of original application submitted.

AFFILIATED ORGANIZATIONS:

ANY ORGANIZATION REGISTERED AS A 501 C (3)

If your organization has a Determination Letter or Federal Identification Number/EIN please submit it to our organization. Our organization will verify your organizational documents. Once approved our organization will donate our items to your organization. We do require any donation item(s) to follow with a donation receipt from your organization for the value we state on our donation item list. Repeated requests for a donation receipt from your organization will end in support from our organization.

QUALIFICATIONS FOR: MILITARY, POLICE, FIRE PERSONEL INCLUDING:

WIDOWS OF THE ABOVE MENTIONED AREAS OF SERVICE

We allow any era veteran from Master Staff Sergeant and below to apply. Police or Fire personnel or a widow of the above-mentioned types of service must submit proof of employment/service provided and/or loss of life through a death certificate. All information submitted will be verified through our verification process. All rules and regulations apply for anyone submitting false information.

DOUBLE DIPPING RULES:

Lending Hands USA has a strict rule for double dipping. We do not allow applicants to receive our services based on the following.

- 1). Receiving services from more than three (3) 501 c (3) organizations
Providing similar or the same type services.
- 2). Receiving services from more than three (3) military type organizations.
Anyone found double dipping is automatically denied services.

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. Lending Hands USA is hereby authorized to conduct financial background verification, property verification and all other methods of verification in order to qualify me or my family for the donation item(s) approval.

Print Application Name: _____

Date: _____

Signature of Applicant: _____

SUBMITTING FALSE OR MISLEADING INFORMATION RULES:

Please Note: Our organization is a registered 501 c (3) private foundation providing household rehabilitation services, direct donation and food supportive services to qualified applicants. Our organization partners with various Private Investigators, Police and/or any other agency or organization that is willing to provide investigative services for our organization and on behalf of our

