

Humanitarian Assistance Application

Dear Applicant:

We request that you complete the following form accurately and completely to process your request. We will be unable to issue (or continue) assistance to your request if this form is not filled properly and returned to us incomplete.

Filling this form is required for any humanitarian assistance provided by NAMCC to process your request but it does NOT guarantee approval of your request.

Once you complete the form below, please mail it to NAMCC at this address:

NAMCC
11900 North Lamar Blvd.
Austin, TX, 78753

CERTIFICATION:

Date: _____

NAME of the Applicant: _____

Driver License or Passport number: _____

I testify that all the information I included in this form are accurate to the best of my knowledge. I understand that NAMCC officers may contact my references. I also understand that NAMCC officers may share my information with other organizations for the purposes of assisting me. I approve of all NAMCC actions and information sharing for the purposes of assisting me and my family.

I have read and agree to all NAMCC policies and procedures.

SIGNATURE of the Applicant: _____

SECTION 1: YOUR PERSONAL INFORMATION

First Name	
Last Name	
Social Security #	
Date of Birth	
Address	
Phone numbers	
Email	
References	Reference 1 Name: Reference 1 Phone Reference 1 Address Reference 2 Name: Reference 2 Phone Reference 2 Address
Dependents	Number of Dependents: Dependents Data: Name: Age: Relationship: Name: Age: Relationship: Name: Age: Relationship:
Current Employer	Name: Contact Phone: Address:
Case Details: Please describe in details your case, and why you need assistance from HAPP. (use additional sheet if needed)	

SECTION 2: INCOME DESCRIPTION

Provide detailed information that describe your income, MUST INCLUDE AMOUNTS. Use additional sheets if needed.

Post tax Income:	
Alimony payments received:	
Pension:	
Rental real estate:	
Unemployment:	
Social Security income:	
Food Stamps:	
Savings (include 401K, IRA, and bank accounts...etc)	
Income from other organizations and charities	Include organization Name and contact info, and last time you received assistance from them
Any Other Income	Please explain

Total Income:

NOTE: YOU MUST submit proof of income, such as copy of pay stub, recent bank statement ...etc.

SECTION 3: EXPENSES DESCRIPTION

Provide detailed information that details your expenses. MUST PROVIDE AMOUNTS. Use additional sheets if needed.

Rent/House Mortgage:	
Food:	
Car Payments	
Car Insurance	
Gas and Electric:	
Cable and Internet:	
Phone (land lines and cell phones)	
Medicine:	
Medical:	
Miscellaneous: (please explain each expense)	

Total Expenses:

NOTE: you MUST SUBMIT proof of all your expenses, such as lease agreement, utility bills, medical bills ...etc (copies are OK)

For EC Official use Only:	<i>Please Do Not Write Below</i>
Case worker assigned to this case:-	Case Approved or Denied with any terms:-