



Soroptimist International of Placerville

PO Box 263 | Placerville, CA 95667

530-344-1476 helpinghands@siplacerville.org

HELPING HANDS REQUEST FOR FUNDS APPLICATION

You may request funds (up to \$1,000 for an individual per year) to help a woman with needs that are not otherwise met through all other agency/organizations' resources (e.g., gas and electric bills, medical treatment or prescriptions, rent assistance, school tuition or books, auto gasoline, expenses or bus fare, household items when needed). To expedite the review process, please include detailed information. Only applications vetted and submitted by a partnering agency will be considered. Self referral applications will not be considered for funding.

Name of person needing funds:

Explain need for funds:

Amount Requested:

Have all other funding sources been exhausted? Yes No

Does the client have dependents? If so, how many? _____

What is the long term solution to eliminate the need for funds in the future?

Please attach any bills or supporting documentation. Check will be made payable to the service provider.

Check payable to:

Mailing Address:

Do you want to Pick Up Check? Yes No

Agency Name:

Agency Contact Name:

Date:

Phone: E-mail:

Please complete this form and email to helpinghands@siplacerville.org. We will expedite your request within one week. If you have any questions, please contact us at 530-344-1476 or via email.

Soroptimist International of Placerville HELPING HANDS REQUEST FOR FUNDS

Personal Financial Information Form

Individual's Name _____ Date _____

You are requesting financial assistance from Soroptimist International Placerville Helping Hands program. In order for our organization to make an informed decision, please provide income, expenses, and sustainability.

Amount requested \$ _____ Purpose _____

HOUSEHOLD INCOME (List all sources)

Salary/Wages	\$
Social Security	\$
CalFresh (Food Stamps)	\$
General Assistance/Cash Aid	\$
Unemployment	\$
WIC	\$
Child Support	\$
Other (Please Specify):	\$
Total:	\$

HOUSEHOLD EXPENSES

PGE \$	Garbage \$
Propane \$	Sewer/Water \$
Rent/Mortgage \$	Car Insurance \$
Cell Phone \$	Car Payment \$
Cable/Satellite \$	Gas for Car \$
Health Insurance \$	Internet \$
Credit Cards \$	Other (Please specify): \$
Food \$	Total \$