



## **Grant Requirements**

**Please read this carefully to see if you can apply to Pennsauken Neighbors Helping Neighbors for emergency financial assistance.**

**You will need to:**

**1. Live in Pennsauken and provide proof.**

A copy of a current driver's license or County ID is preferred. Proof of residency may include a copy of a utility bill, lease or rental agreement copy showing the applicant's name.

**2. Demonstrate a financial need as a result of a recent emergency.**

Examples: loss of job, sudden illness, accident or other medical emergency, natural disaster, sudden home or appliance repair, utilities' shut off. All overdue bills must be a direct result of the emergency.

**3. Provide a BILL to be paid. We will contact the service provider, if necessary.**

**Before requesting payment for a utility bill, please call NJ LIHEAP (856-910-1180) or NJ SHARES (1-866-657-4273).**

If an emergency repair is needed to your home, you must contact a LICENSED Contractor. Have the Contractor provide a repair estimate and a Business Card (to be included with your application).

**4. Provide a reference.**

A reference is someone (not in your family) who knows about your financial emergency. Examples: pastor, social worker, neighbor, school teacher or official. This person will need to fill out a form in this packet.

**All information on this application is kept CONFIDENTIAL and will not be shared with another individual or organization.**

You do not need to return this page.

# Pennsauken Neighbors



## Helping Neighbors

*P.O. Box 258, Pennsauken, NJ 08110*

*(856) 665-1000 Ext. 180*

[Pennsaukenneighbors@comcast.net](mailto:Pennsaukenneighbors@comcast.net)

## **Grant Application**

### **Page 1**

**PLEASE PRINT**

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Last Name

First Name

Middle Initial

---

Street Address

**Pennsauken, NJ**

Zip Code

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Home Phone

Cell Phone

Email (if available)

How many people live in your home? \_\_\_\_\_ Ages: \_\_\_\_\_

What other agencies or organizations have you contacted for financial help?

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Were you given assistance? \_\_\_\_\_ Please explain. \_\_\_\_\_

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### **Grant Application**

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**I am requesting \$ \_\_\_\_\_ in financial assistance, payable to: \_\_\_\_\_**

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#### **I have attached the following:**

- \_\_\_\_\_ **A copy of my current Driver's License, County ID, lease, or utility bill (in my name).**
- \_\_\_\_\_ **A copy of a current bill, or bills, in my name that I hope to pay with this grant.**
- \_\_\_\_\_ **A completed Grant Application form.**
- \_\_\_\_\_ **A Reference Form, completed by someone who knows my financial emergency.**

#### **Incomplete applications will be returned.**

I, the undersigned Applicant, acknowledge that I have read the Grant Application requirements and that the information entered on the Application form and in any related documentation is true, accurate and correct to the best of my knowledge and ability. I further agree that, in signing this Grant Application, I hereby release, waive and forever discharge Pennsauken Neighbors Helping Neighbors, Inc., its officers, directors, employees and volunteers from any and all causes of actions, suits, claims, liabilities, damages and expenses (including attorneys' fees and costs) of any nature whatsoever, in law or in equity, whether known or unknown, that relate to or arise from this Grant Application and/or any grant awarded by Pennsauken Neighbors Helping Neighbors, Inc.

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**Applicant's Name (PRINT)**

**Date**

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**Applicant's Signature**

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### Grant Application

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#### **Reference Form – Application is not complete without this Form.**

#### **Information for the person providing the reference:**

A reference is someone (not in the family) who knows about the Applicant's financial emergency. (Examples: pastor, social worker, neighbor, school official, friend). There is no obligation on your part (financial or otherwise). At no time will you be held responsible for the decision of the Review Panel who will only read your description of the emergency. Please include your address and phone number for verification during the application process. All information will be kept confidential.

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Last Name	First Name	Middle Initial
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Street Address	City	State	Zip Code
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Day Phone Number	Evening Phone Number	Email (optional)
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How do you know the Applicant?

I, the below signed, attest that the information I have provided about the Applicant is true to the best of my knowledge.

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Signature of person providing the Reference	Date
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- **Please use the space provided to share why you think this one-time-only grant would help improve the situation.**

