



SHARING OF LOVE AND HOPE APPLICATION

Please check if you currently receive any of the following benefits.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Medicaid |
| <input type="checkbox"/> | Supplemental Security Income(Disability benefits) |
| <input type="checkbox"/> | TANF or other cash welfare benefits |
| <input type="checkbox"/> | SNAP/Food Stamps |
| <input type="checkbox"/> | Housing Assistance(Section 8) |

Please check if you are currently in any of the following situations.

- | | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Loss of a job |
| <input type="checkbox"/> | A decrease in income |
| <input type="checkbox"/> | Medical illness or injury |
| <input type="checkbox"/> | Others |

Please specify _____

Print Name _____

Date of Birth _____

Phone Number _____

Email Address _____

Signature _____

Date _____