



REQUEST FOR ASSISTANCE FORM

Personal Information

Name (First, Middle & Last/Surname): _____

Date of Birth (D.O.B): _____ Country of Residence: _____

Home Address: _____

City: _____ State/Region: _____ Zip Code: _____ Country: _____

Phone Number: _____ E-mail: _____

How did you hear about Heart of Love Foundation?

- Online
- Friend/Family/Church
- Word of Mouth
- Organization literature/marketing materials
- Other _____

Provide Information on your need: Please check any of the following which applies to your need:

- Request for food/water
- Request for clothing
- Request for financial help (Medical related)
- Request for financial help (Educational assistance)
- Request for help (Shelter)
- Request for help (in crisis due to a natural disaster)
- Other (specify) _____

Are you registered or admitted with a local agency, institution or organization that we can verify your identity and need?

- Yes
- No

If you are not registered or admitted to an agency or organization, can you provide proof of your need, or can we validate your need through a verifiable source?

- Yes
- No

If your answer to the above question is yes, provide the name, phone number, e-mail address and any other vital information on this source, so that we can verify who you are and your need:

Please provide two-character references who are not relatives:

1

Name: _____

E-mail: _____

Phone Number: _____ Work Phone: _____

Home Address: _____

2

Name: _____

E-mail: _____

Phone Number: _____ Work Phone: _____

Home Address: _____

By the appending of my signature, I _____ (Name) attest that all the information provided is to the best of my knowledge and do not intend to provide false information to defraud or take advantage of Heart of Love Foundation.

- I understand that my request for assistance does not necessarily mean I will receive assistance or Heart of Love Foundation is obligated to assist me.
- I acknowledge that any assistance received from Heart of Love Foundation cannot be used for social or immoral vices such as but not limited to gambling, betting, terrorist acts among others.
- I agree, should I be approved and aided, not to misappropriate the resources provided but to be a good steward of it.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

..... *H.O.L.F Office Use Only*

Request received/processed by (Name of authorized personnel): _____

Location: _____

Please check the status of this request:

- Non-Verifiable information (rejected)
- Pending (Awaiting confirmation or validation)
- Declined
- Approved

Please provide detailed information on the type of assistance provided:

Note: Please attach any additional information pertaining to the verification and disbursement of funds or resources for records and accountability.

Signature of Authorized Personnel: _____ Date: _____

Name of the one who received the resource(s): _____

Signature: _____ Date: _____