



Name: (Full Legal Name)		Apartment Number:
Phone #:		
How can we best reach you?		
Do you have renters insurance? If so, with who?		
How many people living in the unit?		
Number of Adults:		Number of Children:
How much money is needed?		
What is the purpose for which you will be using the money?		
<u>Office Use Only:</u>		<u>Contacted by:</u>
Approved:	Yes No	
Contacted:	Yes No	
Additional Notes:		

Hope Filled Hands * PO Box 150 * Elk River, MN 55330
 763.262.HOPE
www.hopefilledhands.org