



## Grant Application

Which grant are you applying for?  Hour of Need  Back on Track

\_\_\_\_\_  
Last name First name MI

\_\_\_\_\_  
Address City & State Zip

\_\_\_\_\_  
Email address Daytime phone#

Are you a U.S. Citizen?  Yes  No Is this application for yourself?  Yes  No

Please provide a brief description (500 words max) of your need for a grant. Be sure to include information on the circumstances surrounding your need. Attach another sheet, if necessary.

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I have read and agree to the general eligibility and document requirements

I agree to let Your Next Step use my photo on their websites and print materials.

\_\_\_\_\_  
Applicant Signature Date

**Mail documents to: Your Next Step, PO Box 741, Beaverton, OR 97075.**

**Questions? Call us: 503-330-7755**

## General Eligibility Criteria

1. You are at least 18 years old and a U.S. citizen.
2. You are currently working 30 hours/week, OR have a documented job offer in hand that will have you working 30 hours/week, OR can show through documentation that your hours were recently reduced from 30 hours/week.
3. You have not been unemployed or on leave for more than 60 days.
4. You are no more than two months behind on any bill you are seeking assistance with.
5. Your application is either for yourself or someone living in your household.
6. You have regular access to a computer and the internet and a viable e-mail address to which we can communicate with you.
7. You can access a scanner or the postal service to send us any documentation.
8. You will be able to prove through documentation that your need for financial assistance is short term and it is because of an unforeseeable extenuating circumstance.
9. You have exhausted all other means of funding your request including community, government and church resources and use of savings or other supplementary income.
10. You have resided in an alcohol/drug rehabilitation facility in the last 4 months (Back on Track grant applicants only).
11. **Please note:** Applicants participating in 2 or more assistance programs, (i.e. public housing, OMAP, WIC, food stamps and Medicaid) will be evaluated on an individual basis and may only be eligible for up to \$100. **Anyone receiving cash assistance (welfare) is not eligible.**
12. **Please note:** Applicants applying for the Back on Track program must be in compliance with their parole/probation (if they're on formal supervision) to qualify for this grant. This information will be verified.

## Required Documentation

### Hour of Need program

1. **Proof of identity:** This may be in the form of a drivers license, state issued ID or a military ID.
2. **Proof of address:** This may be in the form of a utility bill or other major bill in the name of the applicant and being mailed to the address listed on the application.
3. **Proof of employment/income:** Documentation of two months income is required and can be in the form of pay stubs (where salary and hours worked are indicated). In the case when it is new employment or income is direct-deposited, a letter from the employer on their letter head indicating contracted hours, salary, position and start date will suffice. In most cases the most recent copy of your income tax return will be requested. In addition, the name, address and contact number at place of employment is required.
4. **Proof of extenuating circumstance:** To qualify for this grant, your need for assistance must be because of an involuntary, unforeseeable circumstance such as a lay off, reduction in work hours, unexpected medical expense, recent vehicle repair, etc.

### Back on Track program

1. **Proof of identity:** This may be in the form of a drivers license or other state issued ID, including Dept. of Corrections ID.
2. **Proof of address:** This may be in the form of a utility bill or other major bill in the name of the applicant and being mailed to the address listed on the application.
3. **Proof of employment/income:** Documentation of two months income is required and can be in the form of pay stubs (where salary and hours worked are indicated). In the case when it is new employment or income is direct-deposited, a letter from the employer on their letter head indicating contracted hours, salary, position and start date will suffice. In most cases the most recent copy of your income tax return will be requested. In addition, the name, address and contact number at place of employment is required.
4. **Proof of addiction treatment:** Documentation showing your stay at an inpatient alcohol/drug treatment facility AND showing you were discharged no more than 4 months ago. Applicants who have not resided in an inpatient facility in the last 4 months do not qualify for this program.
5. **Proof of circumstances surrounding your need:** For example if a person has requested help paying a court fine because they are in treatment and have no income, we would require a copy of the court document AND documentation showing the person is currently in treatment and that this financial need will be short-term.