

ACCEPTABLE PATHS TO FINANCIAL INDEPENDENCE

Completion of any of the following by principal client:
(*Certificate must be shown to agent at FISH.*)

- Completing and passing GED
- Completing a vocational training program
- Completing an Associate's degree
- Attaining a college degree
- Completing BCOC
 - Economic Self-Sufficiency Program
- Complete Credit Counseling by Certified Credit Counseling Center
- Complete Career/Path training at BCOC
- Complete Parent training at Crossroad Pregnancy Care
- Be certified substance abuse free for one year, by Penn Foundation or similar agency.
- Path to Citizenship (Green Card, etc.)
- Other similar approved paths to Financial Independence that are completed.

Financial Aid Policy

PURPOSE

Financial Aid is intended to be **One Time Emergency Help or BRIDGE** to Households in the Pennridge Community. The intent is to help residents with emergency help until they find alternative sources. The **One Time** Financial Aid is limited to Security Deposits for rent [Homeless/Transient rent is provided at a motel] and Utilities [electric, gas, heating oil, and water & sewer] only.

FUNDING

The budget/funds for these services come from the generosity of the people [businesses, churches, individuals and social/fraternal organizations] in the Pennridge Community. No funding comes from Public / Government sources. *The funding is limited; therefore the amount of aid is limited.*

HOUSEHOLD/CLIENTS

Client Households must be part of the Pennridge community as defined by the boundary of the Pennridge School District.

LIMITS

Financial help is limited to **ONE TIME**. An additional one-time payment may be made to clients who complete an acceptable program of paths to financial independence listed in this brochure.



Penncross FISH Organization, Inc.

APPLICATION FOR FINANCIAL AID – CLIENT DATA

NAME _____

Last 4 Digits SSN XXX - XX - _____

SPOUSE OR PARTNER _____

PARTNER Last 4 Digits SSN XXX - XX - _____

ADDRESS _____

CITY _____ ZIP CODE _____

COPY OF PHOTO ID MUST BE ATTACHED.

COPY OF IDENTIFICATION DOCUMENTS FOR ALL MEMBERS OF THE HOUSEHOLD MUST BE ATTACHED

TELEPHONE NUMBER _____

MARITAL STATUS S M D W Separated CO-HABIT

AID IS REQUESTED TO BE PAID FOR

CIRCLE ONE SECURITY DEPOSIT – ELECTRIC – HEAT – WATER/SEWER

Penncross FISH is a charitable 501 c 3 organization, registered in the State of Pennsylvania. We serve low-income clients residing in the Penncross School District with an emergency Food pantry, Clothing outlet, and Financial Assistance for necessary utilities. There is never a charge for our services. FISH is an Equal Opportunity Provider.

IMPORTANT

COPY OF THE INVOICE OR LEASE MUST BE ATTACHED

Pay to agency _____

Address & PO Box _____

City _____ State ____ Zip _____

Amount owed _____ Amount requested _____

All of the following three [3] statements must be initialed:

This application may be shared with:

- Bucks County Opportunity Council
- Keystone Opportunity Center
- Salvation Army

Initial above

- The agency or landlord listed as Pay to agency

Initial above

I certify that the information contained above is correct to the best of my knowledge, and further acknowledge that invalid information may be prosecuted under the statutes of **theft by deception, a criminal offense.**

Initial above

Date _____ Signed _____

Mail to: Penncross FISH - Po Box 9, Perkasio, PA 18944