

Financial Assistance Application Instructions

Dear applicant;

You have requested the opportunity to apply for financial assistance consideration for your court ordered community service fees. In order to better serve you please follow the directions below before turning in your financial assistance application:

DOCUMENTS NEEDED

- Income-provide 3 consecutive check stubs
- Bank Statements-provide 3 consecutive bank statements
- Unemployment-provide current statement no older than 2 weeks
- Government Assistance- Provide current **"Notice of Action"** must be dated no older than 30 days-GR, Welfare, SSI/SSD, TANF, Cal Works
copy of EBT food stamp card is not an acceptable form of verification
- Homeless Shelter/ Resident Rehabilitation Program-Provide letter on letterhead from Program Manager with contact information
- Other-please explain in detail and provide documentation to support your request

Attach all documentation including a clear copy of your court order to your application for processing. You may submit a copy of your application to a nearest OneOC office or you may fax to **(714) 953-1116** or email to crpstaff@oneoc.org . Processing can take up to 4-6 weeks to receive an answer. You will be notified via USPS mail in writing of your results.

Best regards,

OneOC
Court Referral Program
1901 East 4th Street #180, Santa Ana, CA 92705
Phone: (714) 953.5597 | crpstaff@oneoc.org
Fax: (714) 953-1116
www.OneOC.org | [Facebook](#) | [Twitter](#)
One Year, OneOC

One organization you can count on to accelerate nonprofit success.

Accelerating Nonprofit Success



Submit this application along with all of the supporting documentation to a **OneOC** office in person or via **fax**: (714) 953-1116 or email: **crpstaff@oneoc.org**



Financial Assistance Request Application

Read carefully: Processing time may take up to 6 weeks to receive a response. Submitting this request for financial assistance is not a guarantee that financial assistance will be awarded. A letter with the determination will be mailed to you at the address provided on this application

Client Name: _____ Date: _____

Address: _____ City, State, Zip _____

Home Phone #: _____ Cell Phone #: _____

Work phone #: _____ email address: _____

Case (mandatory) #: _____ Court: _____ County: _____

Court Sentence Date : _____ Employer: _____

What were you ordered to complete: community service Cal Trans/physical labor YDAD

Number of hours: _____ /Days: _____ Due Date: _____

Income Information	Monthly amount
Salary/Income	\$
Disability	\$
Unemployment	\$
Child Support/Alimony	\$
GR/Welfare/Government Aide	\$
Other income	\$
Total Income	\$

Expense Information	Monthly amount
Mortgage/rent	\$
Utilities-(gas,electric, cable, etc..)	\$
Car payment & Insurance	\$
Cell Phone	\$
Credit Card/Loans	\$
School/College	\$
Food	\$
Other Expenses	\$
Total Expenses	\$

Please attach the following documentation:

- 3 consecutive pay check statement
- 3 consecutive bank statement
- Any other documents that will assist in processing.
- Notice of Action-GR/Welfare, SSI/SSD, TANF, Cal Works-no older than 30 days
- Homeless shelter or housing program-provide a letter from the program confirming residency with contact information