

(To Be Completed by Rhea United Way staff)

Fish the Chick

Unrestricted

Stability Impact

R.H.E.A. Fund

Homeless

### EMERGENCY ASSISTANCE APPLICATION

**Assistance Request:**

Electric    Rent    Water    Natural Gas    Hotel    Gas Money    Other \_\_\_\_\_

**ANSWER ALL QUESTIONS:**

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ **DATE:** \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  Veteran

Spouse/Other Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  Veteran

Your Employer: \_\_\_\_\_

Spouse/Other Employer: \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

List **ALL** others living in your home:

Name	DOB	SSN	Relationship	Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you or anyone in your household received help in the past year?  YES    NO

If "YES", How were you helped and when? \_\_\_\_\_

**Amount of Request:** \_\_\_\_\_

Describe why help is needed this month. (Be specific with date/event/cause): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How much money can you contribute to your bill? \$ \_\_\_\_\_ When? \_\_\_\_\_

If you are helped this month, how will your circumstances change so that you can meet your financial obligations next month and in the future? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I certify that to the best of my knowledge, the above information is true, and I give permission to verify said information. Falsification of any information may be grounds for immediate denial. Upon signature, I authorize a Release of Information on myself and listed members of household to be entered into the secured Client Track database. If needed, I authorize a Release of Information to area churches and/or other community resources.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# FINANCIAL AID INFORMATION

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## INCOME / MONTHLY

Employment (him) \$ \_\_\_\_\_  
Employment (her) \$ \_\_\_\_\_  
Food Stamps \$ \_\_\_\_\_  
Families First \$ \_\_\_\_\_  
AFDC \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
SS and/or SSI \$ \_\_\_\_\_  
Veterans \$ \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_  
Workman's Comp \$ \_\_\_\_\_  
Disability \$ \_\_\_\_\_  
Housing:  
    Subsidized \$ \_\_\_\_\_  
    Section 8 \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
  
**TOTAL INCOME** \$ \_\_\_\_\_

## EXPENSES / MONTHLY

Rent/House Payment \$ \_\_\_\_\_  
Lot Payment \$ \_\_\_\_\_  
Electric \$ \_\_\_\_\_  
Water \$ \_\_\_\_\_  
Gas Heat \$ \_\_\_\_\_  
Telephone \$ \_\_\_\_\_  
Cell Phone \$ \_\_\_\_\_  
Credit Card Payments \$ \_\_\_\_\_  
Car Payment \$ \_\_\_\_\_  
Cable/Satellite \$ \_\_\_\_\_  
Medical Expenses \$ \_\_\_\_\_  
Loans \$ \_\_\_\_\_  
Car Insurance \$ \_\_\_\_\_  
Medical Insurance \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
  
**TOTAL EXPENSES** \$ \_\_\_\_\_