

Rent and/or Utility Assistance

To apply for financial assistance for rent, water, heating and/or cooling, please complete the following steps:

STEP 1: Complete all sections of the following documents:

- Application Form
- Consent to Release Information
- Self-Declaration of No Income – *complete, sign, and date ONLY if you did not have any income in the last 30 days*

STEP 2: Sign and date **ONLY** where it says “applicant signature” on each of the following forms:

- City Client Eligibility Checklist
- Work First EA Application

STEP 3: Make legible copies of the following:

- Picture ID of person applying for financial assistance.
- Social Security documentation for all household members: Social Security (SS) card, documentation from the SS Administration, W2 form from an employer, paystub with a complete SS number, or W7 if applicable. If you are not registered with the SS Administration, you must provide some form of ID.
- Proof of household income over the past 30 days. Include all paystubs received by any household members during this period. If anyone receives unemployment, SSI, SSA, VA benefits, retirement pension, child support, disability payments, or income from any other source, you must provide verification of that income.
- Past due utility bills, disconnection notices, rental late notices, or eviction papers. These must be in the name of an adult who resides at that address.
- Rental lease to verify your residence if you are seeking assistance with rent.

NOTE: Please print or copy documents that show complete name, mailing address, and amounts (including due dates where applicable). Screenshots are not sufficient.

STEP 4: Enclose all the above documents in an envelope and return in one the following ways:

- Place in the DROP BOX at Crisis Assistance Ministry, 500-A Spratt St, Charlotte, NC 28206.
- Fax to 704.333.4310
- Mail to Crisis Assistance Ministry, 500-A Spratt St, Charlotte, NC 28206.

Any incomplete items will require follow up before your request can be considered. In that case, our team will make three (3) attempts to contact you by phone and email (if provided). If we are unable to reach you after three attempts, your case may be closed.

Once your documents are complete, you will receive a call from a caseworker for assessment for possible financial assistance.

If you have any questions or require assistance with these forms, please contact us at (704) 371-3001, x123.



Please Print Legibly

Name:

Please provide the best number to reach you about your request

Phone:

Email:

Crisis Assistance Ministry provides support for basic needs support through an agreement with your employer, Atrium Health. If you agree, Crisis Assistance Ministry may share your employee identification number (Teammate ID) with Atrium Health in order to better understand employee needs. Details on the services you received will not be shared. Your agreement to allow the sharing of this information is voluntary and not required for you to access the services of Crisis Assistance Ministry. If you are willing to share this information, please enter your Teammate ID below. By entering your Teammate ID below, you are giving Crisis Assistance permission to share this information with Atrium Health.

Teammate ID:

Can we contact you anytime during business hours Monday-Friday from 8:30 am – 5 p.m. about your request for assistance?

- Yes, anytime during business hours.
- No, only at the specific days and times indicated below.

Day of the Week	8:30 – 11 a.m.	11 am – 2 pm	2 pm – 5 pm
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Only these limited days/ times as described here: (explain)

Applicant Information

Your Full Name First: _____ Middle: _____ Last: _____		SSN or W-7# _____-_____-_____	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If not US Citizen, current status: <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Temporary Protected Status <input type="checkbox"/> Legal Permanent Resident	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender - Male to Female <input type="checkbox"/> Transgender - Female to Male		
Date of Birth MM/DD/YY ____/____/____	Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate/2yr Degree <input type="checkbox"/> Technical School <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post Graduate	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Served in US Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

Address and Contact Information

What is your current address? _____
Street, Apt #

City _____ State _____ Zip _____ **When did you move to your current address?** ____/____/____

What was your address before moving to where you live now? _____

Contact Phone #: _____ **Email Address:** _____

Assistance Information

Have you been to Crisis Assistance Ministry before? Yes No **If yes, has it been in the past 30 days?** Yes No

What are you seeking assistance for today? Electric Gas Water Rent Other _____

Does anyone in the household have a health issue? Yes No **If so, describe briefly** _____

Employment and Financial Situation

Which of the following best describes your current employment situation? <input type="checkbox"/> I am working <input type="checkbox"/> I am not working but about to start a job <input type="checkbox"/> I am not working but looking for a job <input type="checkbox"/> I am not working and not looking for a job (e.g., I am disabled or retired) <input type="checkbox"/> I am not working due to temporary condition (e.g., my health)	Which of the following are challenges to improving your financial situation? <input type="checkbox"/> The costs of caring for my children or childcare <input type="checkbox"/> Finding affordable housing <input type="checkbox"/> Finding a good-paying job <input type="checkbox"/> My health <input type="checkbox"/> None of these	Would you describe your income as stable or unstable? <input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> No income	Do you feel you can build savings with your current level of income? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No income
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Housing Situation

Do you rent? Yes No **If renting, landlord/apartment complex name?** _____

If renting, phone number/contact information for landlord? _____

Are you in income-based or subsidized housing? (e.g. Section 8, Housing Authority, HUD, other) Yes No

Do you pay a mortgage? Yes No **How do you heat your home?** Gas Electric Oil Other _____

Household Members

Number of adults in the home (including yourself): _____ **Number of children (under 18):** _____

Household Members (Do not list yourself again here)

1. Household Member's Full Name First: _____ Middle: _____ Last: _____		SSN or W-7# ____-____-____	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If not US Citizen, current status: <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Temporary Protected Status <input type="checkbox"/> Legal Permanent Resident	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender - Male to Female <input type="checkbox"/> Transgender - Female to Male		
Date of Birth MM/DD/YY ____/____/____ Age: _____	Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate/2yr Degree <input type="checkbox"/> Technical School <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post Graduate	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Served in US Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
2. Household Member's Full Name First: _____ Middle: _____ Last: _____		SSN or W-7# ____-____-____	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If not US Citizen, current status: <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Temporary Protected Status <input type="checkbox"/> Legal Permanent Resident	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender - Male to Female <input type="checkbox"/> Transgender - Female to Male		
Date of Birth MM/DD/YY ____/____/____ Age: _____	Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate/2yr Degree <input type="checkbox"/> Technical School <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post Graduate	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Served in US Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
3. Household Member's Full Name First: _____ Middle: _____ Last: _____		SSN or W-7# ____-____-____	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If not US Citizen, current status: <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Temporary Protected Status <input type="checkbox"/> Legal Permanent Resident	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender - Male to Female <input type="checkbox"/> Transgender - Female to Male		
Date of Birth MM/DD/YY ____/____/____ Age: _____	Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate/2yr Degree <input type="checkbox"/> Technical School <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post Graduate	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Served in US Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
4. Household Member's Full Name First: _____ Middle: _____ Last: _____		SSN or W-7# ____-____-____	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If not US Citizen, current status: <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Temporary Protected Status <input type="checkbox"/> Legal Permanent Resident	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender - Male to Female <input type="checkbox"/> Transgender - Female to Male		
Date of Birth MM/DD/YY ____/____/____ Age: _____	Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate/2yr Degree <input type="checkbox"/> Technical School <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post Graduate	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Served in US Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

If you need more space for additional household members, please request an additional page

Household Members (Do not list yourself again here)

5. Household Member's Full Name First: _____ Middle: _____ Last: _____	SSN or W-7# ____-____-____	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If not US Citizen, current status: <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Temporary Protected Status <input type="checkbox"/> Legal Permanent Resident	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender - Male to Female <input type="checkbox"/> Transgender - Female to Male
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Date of Birth MM/DD/YY ____/____/____ Age: _____	Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate/2yr Degree <input type="checkbox"/> Technical School <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post Graduate	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Served in US Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Relationship to you:						

6. Household Member's Full Name First: _____ Middle: _____ Last: _____	SSN or W-7# ____-____-____	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If not US Citizen, current status: <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Temporary Protected Status <input type="checkbox"/> Legal Permanent Resident	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender - Male to Female <input type="checkbox"/> Transgender - Female to Male
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Date of Birth MM/DD/YY ____/____/____ Age: _____	Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate/2yr Degree <input type="checkbox"/> Technical School <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post Graduate	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Served in US Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Relationship to you:						

7. Household Member's Full Name First: _____ Middle: _____ Last: _____	SSN or W-7# ____-____-____	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If not US Citizen, current status: <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Temporary Protected Status <input type="checkbox"/> Legal Permanent Resident	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender - Male to Female <input type="checkbox"/> Transgender - Female to Male
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Date of Birth MM/DD/YY ____/____/____ Age: _____	Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate/2yr Degree <input type="checkbox"/> Technical School <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post Graduate	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Served in US Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Relationship to you:						

8. Household Member's Full Name First: _____ Middle: _____ Last: _____	SSN or W-7# ____-____-____	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If not US Citizen, current status: <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Temporary Protected Status <input type="checkbox"/> Legal Permanent Resident	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender - Male to Female <input type="checkbox"/> Transgender - Female to Male
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Date of Birth MM/DD/YY ____/____/____ Age: _____	Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate/2yr Degree <input type="checkbox"/> Technical School <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post Graduate	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Served in US Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Relationship to you:						

Household Members (Do not list yourself again here)

9. Household Member's Full Name First: _____ Middle: _____ Last: _____		SSN or W-7# ____-____-____	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If not US Citizen, current status: <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Temporary Protected Status <input type="checkbox"/> Legal Permanent Resident	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender - Male to Female <input type="checkbox"/> Transgender - Female to Male		
Date of Birth MM/DD/YY ____/____/____ Age: _____	Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate/2yr Degree <input type="checkbox"/> Technical School <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post Graduate	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Served in US Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
			Relationship to you:			
10. Household Member's Full Name First: _____ Middle: _____ Last: _____		SSN or W-7# ____-____-____	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If not US Citizen, current status: <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Temporary Protected Status <input type="checkbox"/> Legal Permanent Resident	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender - Male to Female <input type="checkbox"/> Transgender - Female to Male		
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			Relationship to you:			
11. Household Member's Full Name First: _____ Middle: _____ Last: _____		SSN or W-7# ____-____-____	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If not US Citizen, current status: <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Temporary Protected Status <input type="checkbox"/> Legal Permanent Resident	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender - Male to Female <input type="checkbox"/> Transgender - Female to Male		
Date of Birth MM/DD/YY ____/____/____ Age: _____	Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate/2yr Degree <input type="checkbox"/> Technical School <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post Graduate	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Served in US Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
			Relationship to you:			
12. Household Member's Full Name First: _____ Middle: _____ Last: _____		SSN or W-7# ____-____-____	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If not US Citizen, current status: <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Temporary Protected Status <input type="checkbox"/> Legal Permanent Resident	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender - Male to Female <input type="checkbox"/> Transgender - Female to Male		
Date of Birth MM/DD/YY ____/____/____ Age: _____	Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate/2yr Degree <input type="checkbox"/> Technical School <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Post Graduate	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Served in US Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
			Relationship to you:			

If you need more space for additional household members, please request an additional page

CONSENT TO RELEASE INFORMATION



**CRISIS
ASSISTANCE
MINISTRY**

Please read, sign and date each section.

I. Crisis Assistance Ministry Consent to Release Information

To assist you, Crisis Assistance Ministry needs your consent to contact your landlord, mortgage holder, utility companies, other vendors, resource providers and household members for any reasonable purpose to resolve your emergency.

My signature below indicates that I request and authorize Crisis Assistance Ministry to contact appropriate individuals for the purpose of verifying information to determine my eligibility for available assistance, negotiating amounts required, committing funds and paying bills by check or electronic transfer. By my signature, I attest that the information I have provided and will provide is true and complete to the best of my knowledge. I understand that I am not required to give my consent; however, I understand that I will not receive assistance if I don't give it.

Applicant Signature

Date

II. Data Sharing Consent

When you apply for assistance at Crisis Assistance Ministry, we enter into our computer your name, address, landlord, the names of all household members, their birth dates, race, sex, and certain other information you may provide (collectively, your "personal information"). As part of its mission to provide assistance and advocacy to those in financial crisis, Crisis Assistance Ministry may participate in research and education programs intended to improve the development, delivery and quality of human services. In conjunction with such participation, Crisis Assistance Ministry may share your personal information with certain research organizations, including the University of North Carolina at Charlotte's Institute for Social Capital (collectively, "Researchers"), for research and education purposes only. Crisis Assistance Ministry requires Researchers to agree to strict confidentiality restrictions with regard to your personal information and to remove all personally identifiable information from their research. We need your written consent to share your personal information with these Researchers. Your personal information is not shared without your consent. By signing below, you consent to Crisis Assistance Ministry sharing your personal information with Researchers.

Applicant Signature

Date

III. Mecklenburg County Department of Social Services Consent

Crisis Assistance Ministry administers financial assistance programs through a contract with the Mecklenburg County Department of Social Services (DSS). These programs are the Crisis Intervention Program (CIP), Emergency Assistance Program (EA), and the General Assistance Program (GA). One of the requirements to be eligible for these public funds is that we must have your written consent to release your information to DSS. Your personal information is not shared without your consent. I understand that I am not required to give my consent; however, I understand that I will not receive assistance from these funds if I don't give it. By signing below, you consent to Crisis Assistance Ministry sharing your personal information with DSS.

Applicant Signature

Date

Witness Signature to Parts I II & III (if signature is an X)

Date

SELF DECLARATION OF NO INCOME



**CRISIS
ASSISTANCE
MINISTRY**

Applicant's name:

SS #:

This is to certify that the above named individual did not have income during the eligibility period.

Income includes but is not limited to:

- Earned income from a job
- Income from the operation of a business
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation
- Monthly income from government agencies excluding amounts designated for shelter and utilities, WIC, Food Stamps and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.

I certify that I did not have any income from any source during the eligibility period.

Applicant Signature

Date

**Sign and date ONLY
where it says
“applicant signature”
on each of the
following forms**

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CLIENT ELIGIBILITY CHECKLIST (Homelessness Prevention activities)

Date	Applicant Name	Interviewed By	Referred By
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INCOME VERIFICATION - Family/client current income _____ per _____.

How was it verified? _____

(YES) Supporting documentation is attached.

ELIGIBILITY - If funds are used to assist clients that have received eviction notices or notices of termination of *rent* and/or *utility* services, all of the following conditions must be met.

(YES) Supporting documentation is attached (i.e. Eviction Notice, Termination of Employment, Utilities, etc)

<input type="checkbox"/> Inability of the client/family to make the required payment .	<input type="checkbox"/> There is a reasonable prospect that the family will be able to resume payments within a reasonable period of time. Provide "TIMETABLE" below.
<input type="checkbox"/> Assistance is necessary to avoid eviction of the client/family or termination of services to the family.	<input type="checkbox"/> The assistance does not supplant funding for preexisting homeless prevention activities from any other sources.
<input type="checkbox"/> Client/family income is eighty percent (80%) or less Area Medium Income (AMI) to sixty	<input type="checkbox"/>

RESUME PAYMENT TIMETABLE/ REFERRALS / COUNSELING - In the section below provide a *reasonable* timetable in which the client will resume their monthly rent or utility payments or if the client is unable to resume payments within a 30-day period, please indicate what *counseling and other services will* be provided to assist the client in becoming self-sufficient.

OTHER COMMENTS

I, _____, do hereby certify that the answers I have given to the preceding questions are true and accurate.

Applicant Name (Print)

Signature

Date

Staff Member Name (Print)

Signature

Date

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WORK FIRST EMERGENCY ASSISTANCE APPLICATION

County Name: _____

Date of Application: _____

Applicant Name: _____

Address: _____ Telephone: _____

NC

Case/ Reference No.: _____ Worker's Name: _____

HOUSEHOLD: List all household members requesting Emergency Assistance:

(Non-applicant household members are not required to provide a social security number, immigrant /citizenship status)

Name	Date of Birth	Sex	Social Security No. (if included in application)	U.S.Citizen Or Qualified Immigrant	Relationship
					Self

Does the household include a child who meets the Work First age requirement? Yes No

Is the child living with an adult who meets the Work First kinship requirement? Yes No

Has anyone listed on the EA Application ever received EA? Yes No If yes, when: _____

Does anyone live in the home that is not listed on the EA Application? Yes No

If yes, is the individual(s) a roomer/boarder? Yes No

Document the applicant's statement regarding individual(s) excluded from the EA Application:

Describe the emergency/crisis situation:

The North Carolina Division of Social Services does not discriminate against any person on the basis of race, color, national origin, disability, sex, religion or age in the admission, treatment, or participation in its programs, services and activities, or in employment.

RESOURCES: List all resources owned by the individuals listed on the EA Application.

Name	Cash On Hand	Checking Account	Savings Account
Sub-Totals			

Total Resources (**Add sub-totals**) \$ _____ Resource eligible for EA? Yes No

INCOME: List below the gross earned and unearned income for each household member.

Name	Income Type	Source	Gross Monthly Amount
Total Countable Income			

Income eligible Yes No **(Income limits 150% or 200% of Federal Poverty Limit)**

Disposition: Approved Withdrawn Denied

Reason denied: _____

ASSISTANCE PROVIDED*: List below the assistance provided through Work First EA.

***Limited to non-recurring, short-term benefits designed to deal with a specific episode of need.**

Paid To	Date Authorized	Check Amount	Purpose
Total EA			

Document referrals made to agencies/community resources for additional assistance to help alleviate the emergency:

Your Rights: You have the right to appeal for a hearing if you were denied the right to apply, if you believe the amount of your assistance is incorrect, or if your application was denied. You have the right to withdraw your application.

Applicant Statement: I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I declare under penalty of perjury (and being subject to prosecution under 28 U. S. C. § 1746) that the information I have provided is a true and complete statement of facts according to my best knowledge and belief. I certify, under penalty of perjury, that all persons for whom I am applying are U.S. citizens or qualified immigrants. I give the agency permission to verify any information necessary to determine my eligibility for Emergency Assistance.

Applicant's Signature: _____ **Date:** _____

Caseworker's Signature: _____ **Date:** _____