

# **EMERGENCY FINANCIAL ASSISTANCE FORM**

## **Applicant Information**

Name						
Address						
City			State		Zip Code	
Primary Phone						
Secondary Phone	У					
Email						
What is your preferred method of communication? O Phone Email						
Is it OK to	Is it OK to leave a voicemail? Yes No					
Date of Birth  Month/Day/Year						
Race	○ White ○ Blac	ck/African Ar	nerican	O Am	erican Indian/Alaska Native	
	Asian Native Hawaiian/Pacific Islander					
	Other - Specify					
Are you Hispanic or Latino? Yes No						
Gender	○ Female ○ Ma	ale O N	on-binary	O Pref	er not to say Other	
Are you a refugee or asylum seeker? Yes No						
How did you hear about us?						
How did y	ou hear about us?					
How did y	ou hear about us?  Friends/Family	Social n	nedia		Referral	
How did y		-	nedia ntal Health	Services	<ul><li>Referral</li><li>Workforce Services</li></ul>	
How did y	Friends/Family	-	ntal Health	Services		

## **Household Information**

How many family members are currently living in your household?					
Please list each household member, their gender and age. Example, Mary Smith, F, 18					
Financial Assis	stance Information				
Why are you in need of financial assistance	??				
Are you currently employed?	○ Yes ○ No				
Are you receiving Disability Insurance?	○ Yes ○ No				
Are you receiving retirement benefits?	○ Yes ○ No				
Are you receiving other sources of income?					
If yes, please specify					
Please list other sources of income within y	our household				
<u> </u>					
Monthly Household Income					
ndividual Yearly Income					

## **Financial Assistance Information**

Are you requesting rental assis	tance?	O Yes	○ No	○ N/A		
Are you requesting utility bill a	ssistance?	○ Yes	○ No	○ N/A		
Amount being requested:						
Are you applying for any other kind of assistance? If so, what kind?						
Why are you behind on this bill? If you experienced temporary unemployment or loss of income, please state the nature of the situation.						
How much do you need to b	oe current on th	is bill?"				
How will you pay this bill next month?						
Why are you in need of this assistance?						

## **Rental Assistance Section**

Please fill out this section ONLY if you are requesting rental assistance.

What is your current living situation?					
Please select from the following options t	hat reflect your situation.				
○ Rent ○ Own	<ul><li>○ Lease to own</li><li>○ Rent from family</li></ul>				
O Participate in Section 8	O Participate in Section 42				
<ul><li>Sublease without a contract</li></ul>	Other				
·	elief programs, such as Community Action, YMCA, what relief you received it				
Are you facing any of these difficulties?					
Currently behind on rent	Received an eviction notice				
<ul> <li>Currently unsheltered</li> </ul>	Accumulated late fees				
Other - Specify					
Are you behind on any other bills? If yes, p	please list here.				