

For Office Use Only

Date Received ____/____/____ ____Walk-In ____Fax ____Mail ____Dropbox	Line-by-Line Review:	SF Data Entry:	Scan:	MAAC Data Entry:
	_____ Initials Date	_____ Initials Date	_____ Initials Date	_____ Initials Date



Love INC
Love In the Name of Christ

LOVE INC OF CLAY COUNTY

EMERGENCY FINANCIAL ASSISTANCE APPLICATION FORM

FINANCIAL ASSISTANCE GUIDELINES

In addition to our other ministries, and because of the generous support of our church partners and individual donors, Love INC of Clay County is able to provide some emergency financial assistance to individuals and families facing eviction from their homes or the shut-off of their utilities. Consideration for financial assistance is made on a case-by-case basis as funds become available, without regard to gender, race, age, disability, color, creed, national origin, or religion. Please allow at least ten days for Love INC to respond to your application.

ELIGIBILITY FOR FINANCIAL ASSISTANCE

1. You must be a current resident of and living in Clay County, Missouri.
2. You must have a monthly source of income.
3. You must be facing eviction from your home, or the shut off of your utilities.
4. Your gross household income must be at or below 150% of the Federal Income Poverty Guidelines (see chart below).

Household Size	1	2	3	4	5	6	7	8
Monthly Income	\$1,595	\$2,155	\$2,715	\$3,275	\$3,835	\$4,395	\$4,955	\$5,515

*For each additional person in the family unit that is still living in the household, add \$560

5. **Finally, and most importantly, you must be able to maintain your household after the assistance is given, and have income sufficient to meet your ongoing needs.**

Prior to final approval you will be required to provide a photo id, proof of residence (utility bill or rent receipt, etc.), proof of household income for past 60 days (pay stubs, bank statements, disability or child support letters, etc.), and Social Security cards for all members of the household. If facing eviction or utility shut-off, you will need to provide a copy of your eviction notice and/or utility disconnect notice—and you may be asked to provide a copy of your landlord’s IRS W-9 Form if none is on file with Love INC.

HOW TO APPLY

Please read each item carefully before you answer. If you need assistance completing this form or have any questions, please stop by and speak with one of our Love INC volunteers who will be happy to help you. The completed form can be sent to the address below or faxed to (816) 781-3261.

You may also drop off your completed applications at our convenient drop-box located on the wall just outside the Love INC office entrance.

Application form must be complete and signed in order for your household to be considered for assistance.

Love INC of Clay County
2050 Plumbers Way, Suite 160
Liberty, MO 64068

Office Hours: Monday—Thursday 10:00 am to 3:00 pm (closed 12:00-12:30 pm for lunch)

INCOMPLETE OR FALSE APPLICATIONS WILL NOT BE CONSIDERED

SECTION 1. APPLICANT INFORMATION			
First Name:		Last Name:	
Date of Birth:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Maiden Name:	Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Driver's Lic. #:	
Race/Ethnicity: <input type="checkbox"/> Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White			
Ethnicity: <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic / Latino			
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Date:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:		Is Your Spouse Living in this Home: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone:	Home Phone:	Number You Can be Reached at During the Day:	
Current Address:			
City:	County:	State:	Zip Code:
Monthly House Payment or Rent: \$		Home: <input type="checkbox"/> Owned <input type="checkbox"/> Rented	Move In Date:

SECTION 2. CHURCH AFFILIATION		
Church You Attend:	Pastor:	Okay to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3. EMPLOYMENT			
Current/Most Recent Employer:			Position:
Employer Address:		If not employed, are you currently looking for work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City:	State:	Zip Code:	Phone:
Gross Monthly Income:		Start Date:	End Date (leave blank if still employed):

SECTION 4. FAMILY MEMBERS LIVING IN YOUR HOME (Include your spouse and any of your children under age 18 who are currently living in your home.)			
Spouse - First Name:		Last Name:	
Date of Birth:		SSN	
Driver's Lic. #:		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth:		SSN:	
Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Child 1 - First Name:		Last Name:	
Date of Birth:		SSN:	
Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Child 2 - First Name:		Last Name:	
Date of Birth:		SSN:	
Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Child 3 - First Name:		Last Name:	
Date of Birth:		SSN:	
Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Child 4 - First Name:		Last Name:	
Date of Birth:		SSN:	
Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Child 5 - First Name:		Last Name:	
Date of Birth:		SSN:	
Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5. OTHER INDIVIDUALS LIVING IN YOUR HOME BUT NOT LISTED IN SECTION 4 (Use extra pages if needed.)

Name:		Relationship:	Gross Monthly Income:
Date of Birth:	SSN:	Drivers Licenses :	
Gender: ___ Male ___ Female	Veteran: ___ Yes ___ No	Disabled: ___ Yes ___ No	US Citizen: ___ Yes ___ No
Name:		Relationship:	Gross Monthly Income:
Date of Birth:	SSN:	Driver's License:	
Gender: ___ Male ___ Female	Veteran: ___ Yes ___ No	Disabled: ___ Yes ___ No	US Citizen: ___ Yes ___ No
Name:		Relationship:	Gross Monthly Income:
Date of Birth:	SSN:	Driver's License:	
Gender: ___ Male ___ Female	Veteran: ___ Yes ___ No	Disabled: ___ Yes ___ No	US Citizen: ___ Yes ___ No

SECTION 6. MONTHLY INCOME AND ASSISTANCE (List gross income and assistance for the last 30 days.)

Monthly Household Income Before Deductions (Last 30 Days):

All Household Salaries / Wages	\$	Child Support	\$
Alimony / Spousal Support	\$	Unemployment Insurance	\$
Pension Income	\$	Veteran's Disability Payment	\$
Private Disability Insurance Income	\$	Veteran's Pension	\$
Social Security Retirement Income	\$	Worker's Compensation	\$
Social Security Disability Income	\$	TANF	\$
Supplemental Security Income	\$	Other:	\$
Foster Care Income	\$	Total Income	\$

Monthly Funded Services and Non-Cash Assistance (Last 30 Days):

Adult Health Insurance	___ Private ___ Medicaid ___ None	TANF Child Care Services	\$
Child Health Insurance	___ Private ___ Medicaid ___ None	TANF Funded Services	\$
Veteran's Medical Services	___ Yes ___ No	LIHEAP	\$
Food Stamps	\$	Other:	\$
Section 8 Housing Assistance	\$	Other:	\$
Section 8 Utility Assistance	\$	Total Assistance	\$

SECTION 7. MONTHLY BILLS (List all current bill expenses for a 30 day period.)

Rent / Mortgage	\$	Car Payment	\$
Electricity	\$	Gasoline	\$
Gas / Heating Oil	\$	Auto Insurance	\$
Sewage / Trash	\$	Transportation (other than car)	\$
Telephone (cell or landline)	\$	Child Care	\$
Water	\$	Child Support	\$
Food (not including food stamps)	\$	Cable TV / Internet	\$
Household Supplies	\$	Credit Card (minimum payment)	\$
Health Insurance Payment	\$	Other:	\$
Out-of-Pocket Medical Expenses	\$	Total Bills	\$

SECTION 8. TOTAL INCOME — (MINUS) TOTAL BILLS = (EQUALS) RESERVE INCOME

Total Income:	Total Bills:	Reserve Income:	Total Assistance:
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STAFF NOTES:

Use this space to tell us why you are in need of assistance at this time.

SECTION 9. AMOUNT AND TYPE OF ASSISTANCE NEEDED

Assistance Needed	Landlord and Apartment Complex	Contact Name and Telephone	Notice of Eviction	Eviction Date	Amount Past Due	Total Amount Now Due
Rent			Yes ___ No ___		\$	\$
Assistance Needed	Utility Company Owed	Utility Account Number	Notice of Shut- Off	Shut Off Date	Amount Past Due	Total Amount Now Due
Utilities-Electricity			Yes ___ No ___		\$	\$
Utilities-Gas			Yes ___ No ___		\$	\$
Utilities-Water			Yes ___ No ___		\$	\$
Other			Yes ___ No ___		\$	\$
Total Assistance Needed					\$	\$

I verify that the information provided above is true and correct. I consent to the release of pertinent information contained in the spaces above to concerned social service agencies, Mid America Assistance Coalition, and vendors as necessary to complete services to my household, or to provide statistics on emergency assistance, or as a guard against duplication of assistance. I hereby authorize utility agencies or other vendors related to my household to release information concerning my accounts as necessary to insure timely processing of this application.

Signature of Applicant	Date
Applications not completed in full or not signed cannot be processed.	

MAACLINK

Love INC of Clay County is a member of the MAACLINK system, which shares information for the purpose of assessing the needs of low-income, homeless or other special needs people in order to give better assistance and to improve their current or future situation; improving the quality of care and services for people in need; and tracking the effectiveness of community effort to meet the needs of people who have received assistance.