

For Office Use Only

Date Received ____/____/____ ____Walk-In ____Fax ____Mail ____Dropbox	Line-by-Line Review: _____ Initials Date	SF Data Entry: _____ Initials Date	Scan: _____ Initials Date	MAAC Data Entry: _____ Initials Date
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APPLICATION FOR EMERGENCY RENT OR UTILITY ASSISTANCE

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 an 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 resident of and living in Clay County, Missouri.
2. You must have a monthly source of income sufficient to meet your ongoing needs.
3. You must be facing an eviction from your home, or the shut off of your utilities due to some unforeseen emergency.
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	\$1,699	\$2,289	\$2,879	\$3,469	\$4,059	\$4,649	\$5,239	\$5,829

*For each additional person in the family unit that is currently living in the same household, add \$590

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. Love INC cannot provide ongoing financial assistance.

Your application can not be processed until you provide the following:

- A photo id (driver's license, etc.)
- 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.)
- Social Security cards for all members of the household
- If facing an eviction or a utility shut-off, you will need to provide a copy of your eviction notice and/or utility disconnect notice.

HOW TO APPLY

Please read each item carefully before you answer. If you need assistance completing this form or have any questions, please speak with one of our Love INC volunteers. They will be happy to help you. Your completed form can be mailed to the address below, faxed to (816) 781-3261, or emailed to admin@loveincofclaycounty.org. 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. Incomplete applications and applications without required documentation will be held for 30 days.

Clearinghouse Coordinator
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 INFORMATION FOR PRIMARY BREADWINNER					
Name:			Employer:		
Employer Address:				Position:	
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:		Monthly Income:	
Date of Birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Driver's Lic. #:		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
1st Child - First Name:		Last Name:		Gross Monthly Income:	
Date of Birth:		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	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
2nd Child - First Name:		Last Name:		Monthly Income:	
Date of Birth:		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	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
3rd Child - First Name:		Last Name:		Monthly Income:	
Date of Birth:		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	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
4th Child - First Name:		Last Name:		Monthly Income:	
Date of Birth:		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	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
5th Child - First Name:		Last Name:		Monthly Income:	
Date of Birth:		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	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:	Monthly Income:
Date of Birth:	SSN:	Drivers Licenses :	
Gender: ___ Male ___ Female	Veteran: ___ Yes ___ No	Disabled: ___ Yes ___ No	US Citizen: ___ Yes ___ No
Name:		Relationship:	Monthly Income:
Date of Birth:	SSN:	Driver's License:	
Gender: ___ Male ___ Female	Veteran: ___ Yes ___ No	Disabled: ___ Yes ___ No	US Citizen: ___ Yes ___ No
Name:		Relationship:	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

Monthly Household Income Before Deductions (Last 30 Days). Include All Household Income.

Total 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 or Value of Any Non-Cash Assistance (Last 30 Days).

Adult Health Insurance	___ Yes ___ No	TANF Child Care Services	\$
Child Health Insurance	___ Yes ___ No	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 Payments	\$
Electricity	\$	Gasoline	\$
Gas/Heating Oil	\$	Car 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 (monthly payment)	\$
Health Insurance Payment	\$	Other:	\$
Out-of-Pocket Medical Expenses	\$	Total Bills	\$

SECTION 8. (TOTAL INCOME - TOTAL BILLS = RESERVE INCOME)

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

Please tell us why you are in need of assistance at this time. Why were you unable to pay these bill? (Reminder: You must be able to maintain your household after assistance is given, and have income sufficient to meet your ongoing needs.)

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 that are 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.