

**For Office Use Only (Revised January 2023)**

Date Received ____/____/____ ____ Walk-In ____ Fax ____ Mail ____ Dropbox ____ Email Initials	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 its other ministries, Love INC of Clay County provides emergency financial assistance to individuals and families facing eviction from their rental housing 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 10 days for Love INC to respond to your application.

**Individuals receiving emergency assistance must be able to maintain their household after the assistance is given and have income sufficient to meet their ongoing needs.**

### ELIGIBILITY FOR FINANCIAL ASSISTANCE

**You must be a current resident of and living in Clay County, Missouri. You must provide proof of household income for the past 60 days. You must be facing eviction from your home or apartment, or the shut off of your utilities. Your total 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	\$1,822.50	\$2,465.00	\$3,107.50	\$3,750.00	\$4,392.50	\$5,035.00	\$5,677.50	\$6,320.00

\*For a family with nine or more living in the household, add \$642.50 for each additional family member.

**YOUR APPLICATION IS NOT COMPLETE UNTIL YOU PROVIDE THE FOLLOWING**

- 1. A photo id and proof of residence (utility bill or rent receipt, etc.)**
- 2. Proof of the total household income for past 60 days**
- 3. Social Security numbers for all members of the household**
- 4. 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 in 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. The application form must be complete and signed in order for your household to be considered for assistance. Incomplete applications or applications missing documentation will be held of 30 days.

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

<b>First Name:</b>		<b>Last Name:</b>	
Date of Birth:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Maiden Name:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		Driver's Lic:
Race/Ethnicity: <input type="checkbox"/> African 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	Service Branch:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:		Spouse Living in Home: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone:	Home Phone:	Number I Can be Reached During the Day:	
Current Address:			
City:	County:	State:	Zip Code:
Monthly House Payment or Rent: \$		Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Date You Moved In:

## SECTION 2. CHURCH AFFILIATION

<b>Church You Attend:</b>	Pastor:	Okay to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
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## SECTION 3. EMPLOYMENT (PRIMARY BREADWINNER)

<b>Current Employer:</b>		Who is Primary Breadwinner? <input type="checkbox"/> You <input type="checkbox"/> Other	
Address:		If not employed, currently looking for work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City:	State:	Zip Code:	Phone:
Monthly Income:	Start Date:	End Date or Current:	

## SECTION 4. SPOUSE/PARTNER AND CHILDREN UNDER AGE 18 LIVING IN YOUR HOME

<b>Spouse/Partner - First Name:</b>		<b>Last Name:</b>		Monthly Income:
Date of Birth:	SSN		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Driver's License:	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	
<b>Child 1 - First Name:</b>		<b>Last Name:</b>		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	
<b>Child 2 - First Name:</b>		<b>Last Name:</b>		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	
<b>Child 3 - First Name:</b>		<b>Last Name:</b>		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	
<b>Child 4 - First Name:</b>		<b>Last Name:</b>		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	
<b>Child 5 - First Name:</b>		<b>Last Name:</b>		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. NON FAMILY OR ADULT CHILDREN AGE 18 OR OVER LIVING IN HOME**

<b>Name:</b>		Relationship:	Monthly Income:
Date of Birth:	SSN:	Drivers Licenses :	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name:</b>		Relationship:	Monthly Income:
Date of Birth:	SSN:	Driver's License:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name:</b>		Relationship:	Monthly Income:
Date of Birth:	SSN:	Driver's License:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 6. MONTHLY HOUSEHOLD INCOME**

<b>Total Household Income Before Deductions from all Sources for Last 30 days</b>			
Total Household Salaries/Wages	\$	Child Support	\$
Alimony/Spousal Support	\$	Unemployment Insurance	\$
Pension	\$	Veteran's Disability Payment	\$
Private Disability	\$	Veteran's Pension	\$
Social Security Retirement	\$	Worker's Compensation	\$
Social Security Disability	\$		\$
Supplemental Security Income	\$	:	\$
Foster Care Income	\$	<b>Total Income</b>	<b>\$</b>
<b>Non-Cash Assistance Received in Last 30 Days:</b>			
Adult Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF Child Care Services	\$
Child Health Insurance	<input type="checkbox"/> Yea <input type="checkbox"/> No	TANF Other	\$
Veteran's Medical Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	LIHEAP	\$
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Food Stamps	\$
Section 8 Public Housing	\$		\$
Section 8 Utility Assistance	\$	<b>Total Non-Cash Assistance</b>	<b>\$</b>

**SECTION 7. MONTHLY HOUSEHOLD EXPENDITURES**

Rent/Mortgage	\$	Car Payment	\$
Electricity	\$	Gasoline	\$
Gas/Heating Oil	\$	Car Insurance	\$
Sewage/Trash	\$	Other Transportation Expenses	\$
Telephone	\$	Child Care	\$
Water	\$	Child Support Expenses	\$
Food (Excluding Food Stamps)	\$	Cable TV/Internet	\$
Out of Pocket Medical Expenses	\$	Credit Card Monthly Payment	\$
Health Insurance Payment	\$		\$
Household Supplies	\$	<b>Total Expenditures</b>	<b>\$</b>

**SECTION 8. INCOME — EXPENSES = RESERVE**

<b>Income:</b>	<b>Expenses:</b>	<b>Reserve :</b>	<b>Total Non-Cash Assistance:</b>
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**STAFF NOTES:**

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Please tell us why you are in need of assistance at this time.

**SECTION 9. AMOUNT OF ASSISTANCE NEEDED**

Type of Assistance Needed	Company/Individual Owed	Account #	Eviction or Shutoff Notice?	Eviction or Shutoff Date	Total Past Due	Total Now Due
Rent			___Y ___N		\$	
Utilities-Electricity			___Y ___N		\$	
Utilities-Gas			___Y ___N		\$	
Utilities-Water			___Y ___N		\$	
Other			___Y ___N		\$	
<b>Total</b>					\$	

I (we) verify that the information provided above is true and correct. I (we) 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 (we) 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

**PLEASE NOTE: An applications that is not complete or is unsigned will not 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.