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 Phone: 816-781-3200 / Fax: 816-781-3261
 Office Hours: Monday—Thursday 10a-3p

Revised February 2025

EMERGENCY RENT OR UTILITY ASSISTANCE ELIGIBILITY CHECKLIST

If Love INC provides you with financial assistance, you will not be eligible to apply again for 12 months.

Please check Yes or No for each question:	Yes	No
Are you a resident of Clay County, MO?		
Is there a monthly source of income in the household? You must have income sufficient to meet your monthly household expenses after assistance is given.		
Is your total household income at or below the amount listed in the chart below? (150% of the Federal Income Poverty Guideline)		

Household Size	1	2	3	4	5	6	7	8
Monthly Income	\$1,956.25	\$2,643.75	\$3,331.25	\$4,018.75	\$4,706.25	\$5,393.75	\$6,081.25	\$6,768.75

*For a family with nine or more living in the household, add \$687.50 for each additional family member.

If you answered NO to any of the above questions, we will be unable to consider your application at this time. However, we will be happy to provide you with referrals to other agencies and resources in the area. If you answered YES to all of the questions above, please continue with the Application Checklist below.

LOVE INC APPLICATION CHECKLIST

For your application to be considered, you must provide the following:
(Incomplete applications or applications missing documentation will be held for 30 days.)

Check those included	Documents Required
	Love INC application completed (checklist and 3 pages with signature)
	Copy of driver's license or photo ID for anyone 18 and over in household
	Proof of residency (from utility bill or ID)
	Proof of household income from all sources for past 60 days (pay stub, social security or disability statement)
	Social Security numbers for all members of household listed on application
	Copy of your eviction notice or rent payment history. Utility disconnect or shut-of notice.
	Working phone number and email on application.

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 of 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.

FOR OFFICE USE ONLY

Date Rcvd __/__/__	Initials ____	Review Date __/__/__	SF Entry Date __/__/__	Scan Date __/__/__	MAAC Entry __/__/__
Walk-in __ Fax __ Mail __ Drop __ Email __	Initials ____	Initials ____	Initials ____	Initials ____	Initials ____

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:	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

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

Current Employer:		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

Spouse/Partner - First Name:		Last Name:		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	
Child 1 - 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	
Child 2 - 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	
Child 3 - 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	
Child 4 - 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	
Child 5 - 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. NON FAMILY OR ADULT CHILDREN AGE 18 OR OVER LIVING IN HOME

Name:		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
Name:		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
Name:		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

Total Household Income Before Deductions from all Sources for Last 30 days			
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	\$	Total Income	\$
Non-Cash Assistance Received in Last 30 Days:			
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	\$	Total Non-Cash Assistance	\$

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	\$	Total Expenditures	\$

SECTION 8. INCOME — EXPENSES = RESERVE

Income:	Expenses:	Reserve :	Total Non-Cash Assistance:
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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	Telephone and 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		\$	
Total					\$	

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.