Application for Emergency Assistance with Rent or Utilities

Love INC, 2050 Plumbers Way, Suite 160, Liberty, MO 64068
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Office Hours: Monday—Thursday, 10am to 3pm

Emergency Rent or Utility Assistance Eligibility Checklist
Please check Yes or No for each question.

Checklist	Yes	No
Are you a resident of Clay County, MO?		
Do you have enough income to meet your ongoing monthly expenses?		
Is your total household income (from all sources) at or below the amount listed in the chart below for your family size? (150% of the Federal Income Poverty Guideline)		

Household size	1	2	3	4	5	6	7	8
Monthly income	$1,956	$2,644	$3,331	$4,019	$4,706	$5,394	$$6,081	$6,769

For a family of nine or more living in the home, add $688 for each additional family member.

If you answered NO to ANY of the questions above, we will not be able to consider your application.
If you answered YES to ALL of the questions, please continue with the Application Checklist below.

Application Checklist
Incomplete applications or applications missing documentation will not be considered.

Required Documents	Yes	No
A complete Love INC application with signature.		
Copy of a driver's license or photo ID for all family members over the age of 18.		
Proof of residency (from utility bill, ID, etc.)		
Proof of household income from all sources for the past 60 days (pay stubs, social security or disability statement, etc.)		
Social security numbers for all individuals living in the home.		
Copy of the eviction notice, or utility disconnect or shutoff notice.		
A working telephone number (and email if available).		

Consideration for financial assistance is made on a case-by-case basis, as funds become available, and without regard to gender, race, age, disability, color, creed, national origin, or religion.

It may take 7-10 business days to process your request for assistance. We will attempt to contact you with any updates regarding your application. Receipt of your application does not guarantee that Love INC will assist you. It is important that you continue to work with your landlord or utility company, and other agencies for assistance.

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Date Received	Date Reviewed	SF Entry Date	Scan Date	MAAC Entry Date
__/__/___ Initial____	__/__/___ Initial____	__/__/___ Initial____	__/__/___ Initial____	__/__/___ Initial____
How was the application received?				
____Walk In	____Fax	____Mail	____Email	____Dropped Off

Application for Emergency Assistance

An incomplete application will not be considered.

Section 1. Applicant Information

First Name	**Last Name**		
Date of Birth	SSN	Gender ___Male ___Female	
Maiden Name	Marital Status ___Married ___Single ___Separated ___Divorced		
Disabled ___Yes ___No	US Citizen ___Yes ___No	Veteran ___Yes ___No	Service Branch
Race ___American Indian/Alaska Native ___Asian ___Black/African-American ___Native Hawaiian or Other Pacific Islander ___White ___Hispanic ___Multiracial ___Don't Know ___Refuse to Respond			
Ethnicity ___Non-Hispanic ___Hispanic ___Don't Know ___Refuse to Respond			
Email		Driver's License	
Telephone		Daytime Number	
Street Address			
City	County	State	Zip Code
Residence ___Rent ___Own	Monthly Payment	Date Moved In	

Section 2. Employment (Primary Breadwinner)

Primary Breadwinner ___You ___Spouse ___Other_____		Not Employed, Looking for Work? ___Yes ___No	
Current Employer			
Address			
City	County	State	Zip Code
Telephone		Contact Person	
Monthly Income	Hours Worked Per Week	Start Date	

Section 3. Household Members Living in Your Home

Spouse First Name	**Last Name**	Monthly Income	
Date of Birth	SSN	Gender ___Male ___Female	
Email		Driver's License	
Disabled ___Yes ___No	US Citizen ___Yes ___No	Veteran ___Yes ___No	Service Branch
Child 1 First Name		**Last Name**	
Date of Birth	SSN	Gender ___Male ___Female	
Relationship ___Son ___Daughter ___Other_____		Disabled ___Yes ___No	
Child 2 First Name		**Last Name**	
Date of Birth	SSN	Gender ___Male ___Female	
Relationship ___Son ___Daughter ___Other_____		Disabled ___Yes ___No	
Child 3 First Name		**Last Name**	
Date of Birth	SSN	Gender ___Male ___Daughter	
Relationship ___Son ___Daughter ___Other_____		Disabled ___Yes ___No	
Child 4 First Name		**Last Name**	
Date of Birth	SSN	Gender ___Male ___Female	
Relationship ___Son ___Daughter ___Other_____		Disabled ___Yes ___No	
Child 5 First Name		**Last Name**	
Date of Birth	SSN	Gender __Male ___Female	
Relationship ___Son ___Daughter ___Other_____		Disabled ___Yes ___No	
Child 6 First Name		**Last Name**	
Date of Birth	SSN	Gender Male ___Female	
Relationship ___Son ___Daughter ___Other_____		Disabled ___Yes ___No	

Section 4. Non Family or Adult Children Age 18 or Over Living in Home

1. First Name		**Last Name**
Date of Birth	SSN	Driver's License
Employed ___Yes ___No	Monthly Income	Disabled ___Yes ___No
US Citizen Yes __No	Veteran ___Yes ___No	Gender ___Male ___Female
2. First Name	**Last Name**	
Date of Birth	SSN	Driver's License
Employed ___Yes ___No	Monthly Income	Disabled ___Yes ___No
US Citizen Yes __No	Veteran ___Yes ___No	Gender ___Male ___Female
3. First Name	**Last Name**	
Date of Birth	SSN	Driver's License
Employed ___Yes ___No	Monthly Income	Disabled ___Yes ___No
US Citizen Yes __No	Veteran ___Yes ___No	Gender ___Male ___Female

Section 5. Total Household Income Per Month (from everyone in the home)

Salaries and Wages	$	Social Security	$
Pension Income	$	Disability Income	$
Spousal Support/Alimony	$	Child Support	$
Supplemental Income (SSI)	$	Foster Care Income	$
Unemployment Income	$	Worker's Comp Income	$
Any Other Income	$	***Total Income**	**$**

Section 6. Total Household Expenses Per Month

Rent or Mortgage	$	Car Payments	$
Electricity	$	Gasoline/Maintenance	$
Gas/Heating Oil	$	Car Insurance	$
Water	$	Other Transportation	$
Telephone	$	Child Care	$
Sewage/Trash	$	Child Support Expenses	$
Groceries	$	TV/Internet	$
Unreimbursed Medical	$	Credi Card Debt	$
Medical Insurance	$	Other Insurance	$
Other Household Expenses	$	****Total Expenses**	**$**

Section 7. Income – Expense = Total Monthly Reserves

***Total Income**	**$**	****Total Expenses**	**$**	**Reserves**	**$**

Section 8. Non-Cash Assistance Received in Last 30 Days

Adult Health Insurance	___Yes ___No	Child Health Insurance	___Yes ___No
Medicaid	___Yes ___No	Veteran's Medical Insurance	___Yes ___No
Section 8 Housing	$	Section 8 Utility Assistance	$
TANF Child Care Service	$	TANF Other	$
SNAP (Nutrition Assistance)	$	LIHEAP	$
Other Non-Cash Assistance	$	**Total Non-Cash Assistance**	**$**

Section 9. Amount of Emergency Assistance Needed

Type of Assistance	Owed To	Account #	Amount Past Due	Amount Now Due	Shut Off or Eviction Date
Rent					
Electricity					
Gas/Oil					
Water					
Other					
Total Due			**$**	**$**	

Please include a copy of documents with amount due, and the address and telephone of people or businesses owed.

Section 10. Tell us why the bill(s) is past due and the nature of the emergency (health, auto repairs, etc.).

Your Comments Here:

I verify that the information provided in this application is true and correct. I consent to the release of pertinent information contained in the application to other social services agencies, the 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, landlords, or other vendors related to my household to release information concerning my account as necessary to insure timely processing of the application.

_____ _____

Signature Today's Date

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, and other special needs people in order to give better assistance and to improve their culture or future situation, by improving the quality of care and service for people in need, and tracking the effectiveness of community efforts to meet the needs of people who have received assistance.

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Approved	Not Approved	Client Notified	Check Mailed or Delivered to Vendor	Application Filed
Date ___/___/_____	Date ___/___/_____	Date ___/___/_____	Date ___/___/_____	Date ___/___/_____