



Application for Emergency Rent or Utility Assistance

Love INC, 2050 Plumbers Way, Suite 160, Liberty, MO 64068
 Phone: 816.781.3200 / Fax: 816.781.3261 / Email: info@loveincofclaycounty.org
 Office Hours: Monday—Thursday, 10am to 3pm

Eligibility Checklist

Please check Yes or No for each question.

Eligibility	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	\$1,995	\$2,705	\$3,415	\$4,125	\$4,835	\$5,545	\$6,255	\$6,965

For a family of nine or more living in the home, add \$710 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.

Required Documents

Incomplete applications or applications missing any of these documents 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 (current utility bill, ID, etc.)		
Proof of total 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 8-10 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	___ Drop Off

Application for Emergency Assistance

An incomplete application will not be considered.

Section 1. Applicant Information

Your 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	
Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Service Branch
Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> Don't Know <input type="checkbox"/> Prefer Not to Respond			
Ethnicity <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Don't Know <input type="checkbox"/> Prefer Not To Respond			
Email		Driver's License	
Telephone		Daytime Number	
Street Address			
City	County	State	Zip Code
Residence <input type="checkbox"/> Rent <input type="checkbox"/> Own		Monthly Payment	Date Moved In

Section 2. Employment (Primary Breadwinner)

Primary Breadwinner <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	Not Employed, Looking for Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Employer	
Address	
City	County
State	Zip Code
Telephone	Contact Person

Section 3. Household Members Living in Your Home

Please use the comment section on page four if you have more than six children under the age of 18 and living in your home.

Spouse's First Name		Last Name		Monthly Income
Date of Birth	SSN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Email		Driver's License		
Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Service Branch	
1st Child's First Name		Last Name		
Date of Birth	SSN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		
2nd Child's First Name		Last Name		
Date of Birth	SSN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		
3rd Child's First Name		Last Name		
Date of Birth	SSN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		
4th Child's First Name		Last Name		
Date of Birth	SSN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		
5th Child's First Name		Last Name		
Date of Birth	SSN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		
6th Child's First Name		Last Name		
Date of Birth	SSN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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	
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	
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 (Include all persons living 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 minus Expenses = Total Monthly Reserves

*Total Income	\$	**Total Expenses	\$	Reserves	\$
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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 the amount due and the address and telephone of the people or business owed.

Section 10. Tell us why this bill is past due and provide a description 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.

Your Signature

Today's Date

MAACLink

Love INC of Clay County is a member of the Mid America Assistance Coalition MAACLink system, which is a service tracking software for emergency assistance social service agencies. It promotes community wide data sharing in order to best serve clients, assist in identifying unmet community need, reducing duplication of services, and stretching limited agency resources.

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