|  |  |  |
| --- | --- | --- |
| **SMILE ECUMENICAL MINISTRIES, INC.**  **EMERGENCY ASSISTANCE**  **DATE OF APPLICATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CASE WORKER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Applicant Information** | | |
| Name: ***LAST*** ***Middle*** ***FIRST*** | | |
| Date of birth: | Church Affiliation: | Phone: *(Home)*  *(Cell)*  E-mail: |
| Current address: | | |
| City: | State: | ZIP Code: |
| Own Rent (Please circle.) | Monthly payment or rent: | How long? |
| Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_ Gender: Male Female: (Please circle.) | | |
| Disabled: Yes \_\_\_\_\_ No \_\_\_\_\_ | Marital Status: Married \_\_ Single\_\_\_\_ Divorced \_\_\_ Widowed \_\_\_\_ | |
| **Employment Information** | | |
| Employer: | | |
| Employer address: | | How long? |
| City: | State: | ZIP Code: |
| Position: | Salary: Hourly Rate  **OR**  Net $ per month | Hours worked per week: |
| Annual Income: | | |
| **Purpose of this request** | | |
| Rent/Mortgage \_\_\_\_\_ Utilities \_\_\_\_\_ Other \_\_\_\_\_ (Specify) | | |
| Amount Requested: $ | Payee: | Account Number: |
| Payee Address: | | |
| City: | State: | ZIP Code: |
| Payee Phone Number: | Do you have an eviction notice? Foreclosure? \_\_\_\_\_\_\_  Yes No\_\_\_\_  Copy Provided? Yes (Attach copy.) | Do you have a utility shut-off notice?  Yes No\_\_ \_  Copy Provided? Yes (Attach copy.) |
| **Additional Information** | | |
| Referred by church or other agency? (Specify) | | |
| Help received from churches or other agencies \_\_\_\_\_\_ Which? Please list all | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Relationship** | **Veteran?** | **Disabled?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| I certify that the information given above is true and correct to the best of my knowledge. | |
| Applicant’s Signature: | Date: |
| Signature of co-applicant, if for joint account | Date: |

****

**For Case Managers Only:**

**TYPE OF ASSISTANCE (utility, rent, mortgage, other):**

**FORM OF PAYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT OF PAYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHECK #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF CHECK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE MAILED:\_\_\_\_\_\_\_\_\_\_\_\_\_**

***NOTES:***

Updated 1/5/23