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| **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 |

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

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**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