



SMILE Ecumenical Ministries, Incorporated

2025 Checklist for Homeless Prevention Assistance

CLIENT INFORMATION	
Name:	
Address:	
Telephone number:	
Amount Requested:	

Use the checklist below to ensure that all necessary documentation is provided. Return the checklist with your application.

SMILE HOMELESS PREVENTION CHECKLIST	
	SMILE Application for Homeless Prevention Assistance (Completed form- <i>signed and dated</i>)
	Eviction Notice (<i>if applicable</i>) Please provide a copy of the signed lease agreement.
	Foreclosure Notice (<i>if applicable</i>)
	Copies of most recent mortgage, rent, and/or utility statements
	Utility Cut-off Notice (<i>if applicable</i>)
	Copy of driver's license
	Copies of social security cards for all residents in the home
	Copies of most recent pay stubs (2 required) for each wage earner
	Copies of all other income sources, i.e., social security income, disability income, pension, alimony, stipend, other
	Permission to conduct a habitability inspection
	Proof the applicant is a SMILE Client

Please return this checklist with your application to Betty Parker Joseph at SMILE or via email. If you have questions, call Betty Parker Joseph at 301-997-4779 or email: josebett@aol.com.