

**The Salvation Army- National Capital Area Command**

Date

**Emergency Assistance Application**  
**COVID - 19**

Referred by:  Govt. Agency  Church  Other  
 Private Agency  Friend

Name:

Phone:

Address:

Email:

Age:  DOB:

Sex:  Male  Female

SSN(last four):

New or Returning Client?  New  Returning

Last Date Seen:

Veteran in the Household?  Yes  No

Race:  African American  
 Latino  
 Caucasian  
 Asian/Pacific Island  
 Biracial  
 Other

Marital Status:  Married  
 Divorced  
 Separated  
 Single  
 Widowed

Head of Household  
 Yes  No

Family Size: (Include head of Household)  
Number of Adults:  
Number of Children:  
Total Family Size:  
Ages of Children:

**Reason(s) applicant is in need of emergency assistance:**

- Temporary job loss  Building closing  
 Health related interruption of income  Eviction/foreclosure  
 Family unification/stabilization  Interruption of food stamps  
 Interruption of income  Depleted food stamps  
 Disaster  Other

**Emergency Assistance Needed For:**

- Rent (overdue)  
 First month's rent to acquire permanent housing  
 Mortgage (overdue)  
 Utility (electric, gas, water, sewer) - overdue  
 other (specify)

**Last/Current Employer (if applicable):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Income: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Phone: \_\_\_\_\_

Monthly Income		Monthly Expenses	
Source	Amount	Creditor	Amount
TANF		Rent	
Soc. Sec./SSI/SSDI		Mortgage	
Employment		Gas	
Unemployment		Electric	
Retirement		Water	
Child Support		Food	
Food Stamps		Other	
Other			
<b>TOTAL</b>		<b>TOTAL</b>	

**Applicant Name** \_\_\_\_\_

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**I. Case Manager's Summary** (this section should include information on the applicant's current situation/need such as reason for application, type of assistance requested, cause of the hardship, current income support, total amount owed, and financial plan to pay total delinquency including breakdown of which other parties may be contributing and how much):

**II. Client's Future Role** – (this section should include how the applicant plans to meet future rent/mortgage/utility obligations which may include plans like moving to a lower cost living arrangement, applying for daycare assistance, applying for child support, obtaining additional employment or other sources of income, developing a savings plan, etc.):

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**III. Documentation of Extraordinary Circumstances (if applicable)** – (this section should include information necessary to justify additional assistance of more than \$500.00 including documentation of the extraordinary circumstance):

**Only to be completed in the event of recommendation for additional assistance:**

Recommended by: \_\_\_\_\_  
Staff Signature and Title Date

Reviewed by: \_\_\_\_\_  
Corps Officer Signature Date

Final Determination:  Additional Assistance Approved **and** Amount Approved \$ \_\_\_\_\_

Additional Assistance Denied

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Applicant Name \_\_\_\_\_

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**FINANCIAL NEED(S) OF APPLICANT**

Monthly rental/mortgage expense \_\_\_\_\_

Monthly utility expense \_\_\_\_\_

Total amount delinquent \_\_\_\_\_

Total contribution by applicant and/or other sources \_\_\_\_\_

**TOTAL AMOUNT REQUESTED** \_\_\_\_\_

**LANDLORD/LENDER/INFORMATION**

Name: \_\_\_\_\_ Account # \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**UTILITY INFORMATION**

Vendor: \_\_\_\_\_ Account # \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**OTHER SERVICE NEEDED (food, clothing, furniture, burial) CIRCLE ONE**

VENDOR: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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All information provided in this application is true and correct to the best of my knowledge. I understand that "false statements of information" could render my application invalid for funding consideration. I also understand that completion of this application does not guarantee the granting of funds.

Also, by my signature below, I authorize The Salvation Army to gather any necessary information from additional agencies, vendors, or individuals involved in my case in order to qualify me for these funds. This consent will expire one year from the date below unless I indicate the withdrawal of my consent prior to one year signature and in writing to The Salvation Army.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of The Salvation Army Staff**

\_\_\_\_\_  
**Date**

Please review to ensure that the file is complete:

- I. **Intake Application**
- II. **Required Documentation**
  - A. **General**
    - 1. **Picture ID/Proof of Residency**
    - 2. **Proof of Household Income**
    - 3. **Proof of Household Expenses**
  - B. **Assistance Specific**
    - 1. **Rent**
      - A. Letter from Landlord
        - 1. If landlord letter, it must be on the landlord's letterhead or Salvation Army letterhead if using verification letter;
      - B. Letter must include
        - 1. Current monthly rental amount;
        - 2. Due date for monthly rent;
        - 3. Month(s) that is overdue and breakout of other fees (late charges, court costs, etc.) if applicable.
      - C. Copy of current lease
        - 1. Lease must be in the applicant's name;
        - 2. Lease must show current monthly rent
        - 3. Lease must show due date of monthly rent.
    - 2. **Mortgage**
      - A. Mortgage statement or coupon showing monthly amount due;
      - B. Statement or coupon shows mortgage payment is past due;
      - C. Mortgage must be applicant's name.
    - 3. **First Month's Rent**
      - A. Copy of lease to include monthly rental amount
      - B. First month rent verification form
      - C. Lease must be in applicant's name
      - D. Referral letter from shelter or transitional housing program showing current residency in Program;
    - 4. **Utility**
      - A. Monthly bill showing delinquency or disconnection notice;
      - B. Utility must be in applicant's name.
- III. **Payment**
  - A. If approved, Salvation Army check for no more than \$500.00/\$750.00 made out to vendor only (landlord, Mortgage Company, or utility).
  - B. W-9 form completed for new vendors.
- IV. **Follow-Up/Outcomes Tracking**
  - A. Completion of 30/60/90 Follow Up (to be completed 30/60/90 days after assistance was approved).
- V. **Other Considerations**
  - A. All bills/lease/mortgage statement in applicant's name.
  - B. Assistance must ensure that residency or utility service will continue for the next 30 days.
  - C. Proof that outstanding rent/mortgage/utility balance paid (copies of other agencies' confirmation letter, copies of money orders, copies of other agencies' checks, etc.).
  - D. Strongly recommend use of Salvation Army verification letters.