

CHECKLIST

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
 - a. if landlord letter, it must be on the landlord's letterhead or Salvation Army letterhead if using verification letter;
 - b. letter must include
 - 1.) 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.
 - OR**
 - b. Copy of Lease
 - a. lease must be in the applicant's name;
 - b. lease (or rent increase letter) must show current monthly rent (if not, then use landlord letter);
 - c. 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. Letter from landlord (on landlord or agency letterhead) or copy of lease;
 - b. Monthly rental amount;
 - c. Referral letter from shelter or transitional housing program showing current residency in Program;
 - d. Lease must be in applicant's name.
 - 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.

The Salvation Army- National Capital Area Command

Emergency Assistance Application

FY21

Date _____

Referred by: Govt. Agency Church Other
 Private Agency Friend

Name: _____

Phone: _____

Address: _____

Email: _____

Age: _____ DOB: _____

Sex: Male Female

SSN(last four): **XXX-XX-** _____

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 Funds Needed For:

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

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			
TOTAL		TOTAL	

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

Emergency Assistance Application FY21

Applicant Name _____

FINANCIAL NEED(S) OF APPLICANT

Monthly rental/mortgage expense _____

Monthly utility expense _____

Total amount delinquent _____

Total contribution by applicant from other sources _____

TOTAL AMOUNT REQUESTED _____

LANDLORD/LENDER/INFORMATION

Name: _____ Account #: _____

Address: _____

Contact Person: _____ Email: _____ Phone Number: _____

UTILITY INFORMATION

Vendor: _____ Account #: _____

Address: _____

Contact Person: _____ Email: _____ Phone Number: _____

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