



Franklin County Interfaith Council



Application For Financial Assistance

Name _____ Date _____

Current Address _____

Phone Number(s) _____

1. Please check all of the items below that apply to your current situation.

- ☐ Living in a place not meant for human habitation, i.e., condemned housing, car, woods, street, etc.
 - ☐ Being discharged from a mental health in-patient facility, jail, or substance abuse treatment establishment
 - ☐ Couch surfing or temporary living situation
 - ☐ Living in a shelter for people that are homeless
 - ☐ Have a notice to quit or court ordered eviction from an apartment, room or house
 - ☐ Have a late rent notice from my landlord
 - ☐ I am injured or ill, or a household member is injured or ill
 - ☐ I am a veteran or a household member is a veteran. DD-214? ☐ yes ☐ no
- other (please explain) _____

2. Complete only for help with late rent:

Is your rent subsidized? ☐ yes ☐ no

How much are you supposed to pay for your rent each month? \$ _____

How much do you owe? \$ _____

For what month(s)? _____

When was your most recent payment? _____ How much was it? \$ _____

3. Complete only for move- in help:

Will your new rent be subsidized? ☐ yes ☐ no

How much will you be required to pay for your new rent each month? \$ _____

How much money does your new landlord want you to pay to move in? \$ _____

4. How much can you contribute towards your late rent or move in costs? \$ _____

5. Do you need help with any other bills or resources? ____ yes ____ no

If yes, please list _____

6. Have you received help from any other programs, family or friends? ____ yes ____ no

If yes, please list _____ Amount \$ _____

7. Are you waiting to hear about any other applications you submitted for help with this?

____ yes ____ no If yes, with what program(s)? _____

8. Have you applied for help from the Franklin Interfaith Council before? ____ yes ____ no

9. List all household members

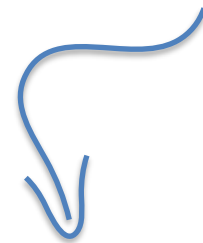
NAME	AGE	DOB

10. Please explain why you need help paying this bill.

11. What is your plan for staying current on bills in the future?

MONTHLY Household Budget Sheet

<u>Expenses</u>	<u>\$ Amount</u>	<u>Income after taxes & deductions</u>
Rent	_____	Wages after deductions _____
Heat	_____	Wages after deductions _____
Electric	_____	SSI _____
Other Utility	_____	SSP _____
Phone	_____	SSDI _____
Cable/Internet	_____	SS Retirement _____
Netflix or similar	_____	Unemployment _____
Entertainment	_____	Child support _____
Car Payment	_____	Alimony _____
Car Insurance	_____	Pension _____
Gas/Transportation _____	_____	TAFDC/EAEDC _____
Car Repairs.	_____	Workers Comp _____
Medical	_____	Veteran's Benefits _____
Credit Cards	_____	Family/Friends _____
Cigarettes	_____	
Baby Supplies	_____	Other: _____
Clothing	_____	
Laundry	_____	
Personal	_____	
Food	_____	
Education	_____	Total Monthly Income
Storage	_____	After Taxes & Deductions = _____
Pets	_____	
Other. _____	_____	
_____	_____	
Total Above Listed Expenses \$ _____		
Minus Household SNAP \$ _____		
Equals Monthly Expenses \$ _____		
		Monthly Income \$ _____
		Minus Monthly Expenses \$ _____
		Equals Amount Left For Spending or Saving \$ _____
Authorization for Release of Information		



Name: _____ Date: _____

Address: _____

I authorize the Interfaith Council of Franklin County to receive information from and to provide information to:

☐ Landlord Name: _____

Landlord Address: _____

Phone(s): _____ Fax: _____

Email: _____

☐ Utility Company Name: _____

☐ Housing Authority Name & Phone: _____

☐ Advocate / Caseworker Name & Phone: _____

☐ Other: _____

With my signature below, I authorize the participating organizations of the Franklin Interfaith Council which includes Community Action Pioneer Valley, HCEC of Franklin County HRA, The Salvation Army, Montague Catholic Social Ministries and Franklin County religiously affiliated organizations to share my information with each other, with the entities listed above and with any other person or organization that is needed to process my application. This may include information about my income, household members, application details and any information needed to complete the assistance process on my behalf. I certify that the information I have provided is correct and true to the best of my ability. This authorization is valid for 1 year. I understand I may revoke this authorization at any time by notifying the Franklin Interfaith Council in writing.

Applicant Signature: _____ **Date:** _____

Committee Member Signature: _____ **Date:** _____

Please provide the following documentation to complete the application process.

- Proof of all income for all household members.
- Proof of SNAP (food stamps) amount.
- Something in writing from the landlord stating amount of money needed to move in or the amount that you owe.
- A copy of your Notice to Quit if you have been given one and/or your court paperwork
- Picture ID for Head of Household
- Copy of any other bill that you are asking for help with.
- Additional documents or information as requested by the Interfaith Review Committee.

Do not write in the section below. The Interfaith Committee will complete.

Intake Worker Notes:

Committee Meeting Date: _____

Application Status:

• Approved: _____ Amount approved \$ _____ Denied _____ Pending _____

• Reason: _____
