

Instructions for online paper applications for assistance:

Applications for rental / mortgage and utility assistance can be printed at home and either dropped off or mailed to:

The Salvation Army
Attention: Gwen W.
820 North 2nd St
Wilmington, NC 28401

Paper copies are also available at office and can be filled out there.

Partially filled out applications will not be accepted, they must be completely filled out and the release of information form must be signed.

You must include a copy of the bill you need assistance with. The actual bill is required with monthly breakdown, a cut-off notice is not sufficient.

Also a copy of your State Issued ID is required, that can be mailed as well or a copy can be made when you bring paperwork to the office.

A case manager will call you back within 2 business days of receiving the completed paperwork for a phone interview to determine if we are able to assist you.

Please remember to keep a social distance of 6 feet if you chose to return paperwork in person.

Any questions can be answered at 910-762-7354.

Thank you.



DOING
THE MOST
GOODSM

INCLUDE ALL HOUSEHOLD MEMBERS:

Date: _____

Client's Name: _____

Driver's License/ID # _____ State: ___ Last 4 of Social Security # _____

Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

County: _____ Phone# _____ Birthday: _____

Employer: _____ Spouse Employer: _____

Sex: ___ Race: _____ Marital Status: MAR SIN SEP DIV WID

US Military Veteran: yes ___ no ___

Assistance you need: _____

PLEASE LIST EVERYONE WHO LIVES IN YOUR HOUSE:

Name _____ Relationship to Head of House _____ Last 4 of SSN# _____ Birthdate _____ Age _____

LIST ALL MONTHLY INCOME FOR EVERYONE IN THE HOUSEHOLD
WRITE IN THE DOLLAR \$ AMOUNT
MUST PROVIDE COPIES OF ALL INCOME FOR FINANCIAL ASSISTANCE

Salary from Job: \$ _____	VA Income: \$ _____
Spouse's Salary: \$ _____	Other Income: \$ _____
Food Stamps/EBT: \$ _____	Fuel Assistance: \$ _____
Work First: \$ _____	Worker's Compensation: \$ _____
Social Security: \$ _____	Assistance from others: \$ _____
SSI/SSDI Income: \$ _____	Child Support: \$ _____



DOING
THE MOST
GOOD™

LIST ALL MONTHLY EXPENSES FOR EVERYONE IN THE HOUSEHOLD
MUST PROVIDE COPIES OF ALL BILLS FOR FINANCIAL ASSISTANCE

Rent/Mortgage: \$ _____	Credit cards: \$ _____
Electric/Powerstat: \$ _____	Life/Health Insurance: \$ _____
Gas for home: \$ _____	Loans: \$ _____
Water: \$ _____	Alimony you pay: \$ _____
Cable/Internet: \$ _____	Furniture payment: \$ _____
Telephone: \$ _____	Child Support you pay: \$ _____
Food not covered by EBT: \$ _____	Day Care: \$ _____
Misc. Household: \$ _____	Medical co-pays: \$ _____
Car Insurance: \$ _____	
What is your financial emergency? _____	
Total amount of your emergency expenses? _____	

EMERGENCY ASSISTANCE PROGRAM

CONSENT TO RELEASE INFORMATION

It is the policy of The Salvation Army to respect the client's right to privacy. All information obtained during the casework interview is confidential. However, in order to serve the client, certain information must be verified and shared. Any agency with which this information is shared must also respect the client's right to privacy and maintain the information in a confidential manner.

I _____ authorize The Salvation Army and its Social Services staff to release and/or request information, which is necessary for the approval or denial of my application for assistance.

This approval is for all persons that I have supplied proof for that are currently living in my home. Including all children under the age of 18. 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

I understand that in order to assess my need for assistance, The Salvation Army will require verification of income from all sources listed on my application. I further understand all expenses listed on my application will be verified.

In addition to verification of income and expenses, I authorize The Salvation Army to contact and share my information with other local Social Service Agencies, which may be able to assist in meeting my need. These agencies are listed below and it is understood that any information shared will be for the sole purpose of assisting me and will not be used for any other purpose.

I understand that this consent can be revoked by me at any time prior to any action taken on my behalf in the processing of my application. Revocation of consent must be in writing. This action will automatically withdraw my application for assistance and I may be terminated as a client of The Salvation Army Emergency Assistance Program.

We are a participating agency of the Carolina Homeless Information Network [CHIN]. As a member of CHIN, we use a computerized Homeless Management Information System [HMIS] to collect and report on information about the clients we serve. We collect personal information directly from you for reasons that are discussed in the CHIN privacy Practice. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate. If you do not want your information entered into and shared through the HMIS please put an X through this paragraph.

I certify that all information provided by me is true and if found to be false or incorrect, I forfeit any further consideration for assistance.

List of local Social Service Providers with whom information may be shared:

- | | | |
|-------------------------|--------------------------------|---|
| 1. NH County DSS | 6. Catholic Social Ministries | 11. Cape Fear Public Utilities |
| 2. Brunswick County DSS | 7. Brunswick Family Assistance | 12. Any other Agencies providing assistance |
| 3. Pender County DSS | 8. Good Shepherd Center | |
| 4. Bladen Co DSS | 9. Progress Energy | |
| 5. Columbus Co DSS | 10. Piedmont Natural Gas | |

This consent is valid from 12 months _____ to _____
(Beg. Month/Date/Year) (End. Month/Date/Year)

Applicant's Signature _____ Date _____

Applicant's Case # _____

Witness _____ Date _____