

Bishop Sullivan Center / St. James Place Household Assistance Grant Application

Bishop Sullivan Center/St. James Place provides limited financial assistance to families in need. Most of this assistance comes from charitable contributions from individual donors. We are not a government agency. We are a private charity. **Our funds are limited. We cannot help all.**

ALL ANSWERS ARE NEEDED FOR THIS GRANT (incomplete forms will ***NOT BE*** considered)

Household Information:

Name: _____ Social Security # _____
(must match name on bill or lease)

Address: _____ Zip Code: _____ Phone: _____

Rent ___ Mortgage ___ Amount paid per month _____ How long at this address? _____

Number of children (under 18 in the household) _____ Number of adults in the household _____

List the names and SS #s of other **adults** in your household:

1. _____ 2. _____

3. _____ 4. _____

Income:

Has your income changed in the last 30 days? Yes ___ No ___ Why? _____

If no income, how long? _____

What is the **source and amount of monthly income** for **entire** household? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Employment \$ _____ | <input type="checkbox"/> Section 8 Housing \$ _____ |
| <input type="checkbox"/> SSI/SDI \$ _____ | <input type="checkbox"/> Utility Check \$ _____ |
| <input type="checkbox"/> Unemployment check \$ _____ | <input type="checkbox"/> TANF \$ _____ |
| <input type="checkbox"/> Child Support \$ _____ | <input type="checkbox"/> Other (explain) \$ _____ |
| <input type="checkbox"/> Food Stamps \$ _____ | |

Specific Grant Information

For what are you seeking assistance? (**we can only help with one**)

Electric **Gas** **Water** **Rent** Other _____ Last personal payment amt _____ date _____

How much can **you** pay on your bill? _____

Utility: If seeking help with a utility bill, what is the account number? _____

Have you called the utility company to see what the minimum payment is required, and can you have an extension or make payment arrangements? Yes No Please make call, if not done.

What is the *minimum* amount due: \$ _____ by what date? _____

Rent: Eviction letter? Yes ___ No ___ Date of eviction _____ Past due amount owed _____

What month is needed? _____ (**must live at residence, paying rent for at least 90 days**)

Required Documentation

Do you have each of the items below or can you get it? Check box if "yes." (We are unable to help if you do not.)

- Copy of disconnect and copy of the latest bill, or if for rent an eviction notice.
- Picture ID
- Social Security card (or birth certificate) for you and for every member of the household
- Proof of address
- Proof of income (Note: Income verification can be: award letter, recent pay stub, Social Security SEQY form, child support). (SEQY form at Soc Sec Office 6320 EUCLID AVE)

Reason for Grant

You are more likely to get help if your need was triggered by some recent event, for example, you were just laid off. Also, you are more likely to get help if you have a *solid plan* to pay your bills next month, for example, you just found a job. The more documentation you have to explain your situation and to verify your plan the better.

1. What happened to you that you now need help to pay your bill? **The more immediate your emergency, the more likely you are to receive help.** (*Use a separate sheet of paper for this answer, if necessary.*)

2. If we help you with your bill, what is your plan to pay it next month? **The better your plan, the more likely you are to receive help.** (*Use a separate sheet of paper for this answer, if necessary.*)

Please Sign:

I have read and understood your guidelines. I understand any help I receive is a gift, not something that is owed to me for which I can make a demand.

Application Certification / Release of Information This agency may enter the personal information I have given them into the MAACLink computer system that operates locally inside a secure and confidential network of agencies by trained representatives. The information I have provided is true and correct. I understand that my information is electronically tracked in order to assess my household needs and provide better services such as housing, utility assistance, food, and other services. My information may be shared among the agencies from which I have requested emergency assistance or case management. If I am applying for utility assistance, my identifying information may be shared with my utility provider by phone, email, or in written form in order to secure payment to the correct account.

Applicant's Signature: _____ **Date**_____

We will contact you by phone or mail within 3 working days upon receiving this application. **Don't call us.** What phone number is the best way to reach you? _____

Can we leave a message if there is no answer? Yes No

Again, we have limited donations and many applicants.

(To be considered for help, this application must be returned before noon, Friday, _____)