



# South Central Alliance of Churches

**Application for Financial Assistance (Rent/Utilities)** Interviewed by \_\_\_\_\_ Response \_\_\_\_\_

Name of applicant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Zip code \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ Referred by \_\_\_\_\_

SCAC financial assistance is provided during an immediate financial crisis. The reason for the need must be temporary, unexpected, and unavoidable. **Please check those circumstances which apply to you:**

\_\_\_ Emergency hardship. A temporary loss of income due to things such as job loss, car repairs, fire, theft, death, or victim of crime.

\_\_\_ Disabled or off work due to injury or illness.

\_\_\_ Other. Please explain \_\_\_\_\_

I need help with \_\_\_ Rent My monthly rent is \_\_\_\_\_ OR \_\_\_ Utility Bill Current Amount Due \_\_\_\_\_

Landlord name \_\_\_\_\_ Landlord Phone \_\_\_\_\_

Landlord's mailing address \_\_\_\_\_

Utility Company \_\_\_\_\_ Account number \_\_\_\_\_

**Please provide the following:**

\_\_\_ Documentation of the reason for your crisis, (termination letter, doctor's letter, police report, etc.)

\_\_\_ Valid government issue photo ID

\_\_\_ Social security card for everyone in the household

\_\_\_ Proof of address in zip codes 76104, 76109, or 76110. (lease, a rent receipt or mortgage documents.)

\_\_\_ Documentation of all income sources, including most recent pay check/stub, employment verification letter, child support documents, and copies of all financial assistance award letters (SNAP, SSI, Unemployment).

\_\_\_ All most recent utility bills: electric, gas, water, phone **OR** \_\_\_ Utilities included in lease in writing

**Other adults over 18 living in the home**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_  
Employed by \_\_\_\_\_ Income WK BI MO \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_  
Employed by \_\_\_\_\_ Income WK BI MO \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_  
Employed by \_\_\_\_\_ Income WK BI MO \_\_\_\_\_

**Children under 18 living in the home:**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of birth \_\_/\_\_/\_\_  
Employed by \_\_\_\_\_ Income WK BI MO \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of birth \_\_/\_\_/\_\_  
Employed by \_\_\_\_\_ Income WK BI MO \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of birth \_\_/\_\_/\_\_  
Employed by \_\_\_\_\_ Income WK BI MO \_\_\_\_\_
4. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of birth \_\_/\_\_/\_\_  
Employed by \_\_\_\_\_ Income WK BI MO \_\_\_\_\_
5. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of birth \_\_/\_\_/\_\_  
Employed by \_\_\_\_\_ Income WK BI MO \_\_\_\_\_

**Monthly Household Budget**

Income		Expenses	
Wages & other compensation		Housing (rent, mortgage)	
Subsidies		Electricity	
Other income		Gas	
Total monthly income		Water	
		Phone	
		Car payment	
		Gas and maintenance	
		Insurance (car, house)	
		Other transportation	
		Layaways	
		Loans	
		Clothing	
		Childcare	
		Medical (bills, insurance)	
		Other	
Income – expenses =		Total Monthly Expenses	