



Financial Assistance Application

Date: _____

Name: _____ DOB: _____

Home Address: _____
(Street) City/State Zip Code

Telephone No: (H) _____ (C) _____ Best time to call? _____

Household Members (Include only people listed on yearly tax return and/or significant other)

| Name: | Relationship: | DOB: |
|----------|---------------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

Monthly Gross Income Received from ALL Household Members listed above:

Wages / Salaries (before taxes): _____ Pensions/Annuities: _____

Social Security Income: _____ Cash Assistance: _____

Unemployment / WC Compensation: _____ Child Support: _____ Spousal Support: _____

Veteran's Administration (VA) benefits: _____ Unearned Income (interest, rental, disability): _____

Verification of income and resources must accompany application (Please attached the following if applicable)

Attached:

| | | | |
|---|---|-----|---|
| Y | N | N/A | Complete Federal Tax Return (most recent year). Personal and/or business. |
| Y | N | N/A | 3 current pay stubs for each working applicant. |
| Y | N | N/A | Award letters showing deposits of Social Security, other disability, pension, worker's comp, or unemployment compensation payments. |
| Y | N | N/A | 3 current Checking/Savings/Pay Pal statements, all pages. If self-employed – 6 current bank Statements |
| Y | N | N/A | Written explanation of all deposits over \$100 in bank accounts (excluding direct deposits and social security) |
| Y | N | N/A | Child/Alimony supporting documentation |
| Y | N | N/A | Documentation of other sources of income |
| Y | N | N/A | If the household has no income, letters from persons who are assisting with daily living needs, explaining the help that the persons provide. |
| Y | N | N/A | Verification of all monthly expenses for Medicare eligible applicants. |

The amount of financial support given is determined on an income-scale basis.

Those who live at or below Poverty Level are eligible to receive up to \$400 per year in assistance.

Those who live at or below 150% of Poverty Level are eligible to receive up to \$275 per year in assistance.

Those who live at or below 200% of Poverty Level are eligible to receive up to \$150 per year in assistance.

Please refer to the chart below for income determination:

*Submission of application does not guarantee financial support.

| Persons in Household | Federal Poverty Level Monthly Gross | 150% FPL Monthly Gross | 200% FPL Monthly Gross |
|----------------------|-------------------------------------|------------------------|------------------------|
| 1 | \$1,012 | \$1,518 | \$2,023 |
| 2 | \$1,372 | \$2,058 | \$2,743 |
| 3 | \$1,732 | \$2,598 | \$3,463 |
| 4 | \$2,092 | \$3,138 | \$4,183 |
| 5 | \$2,452 | \$3,678 | \$4,903 |
| 6 | \$2,812 | \$4,218 | \$5,623 |
| 7 | \$3,172 | \$4,758 | \$6,343 |
| 8 | \$3,532 | \$5,298 | \$7,063 |

Statement of Sustainability

If you are awarded financial assistance to cover this immediate financial situation, how do you plan to continue to make payments toward this and/or other bills? What steps do you plan to take to move toward consistent, stable bill pay?

Please describe in the space below.

I certify that the information I have provided is true and accurate. I understand that any false information or not giving complete information will void this application.

Applicant's Signature: _____ Date: _____

Approved Date: _____ Approved Amount _____

Denied Date: _____

EASS Representative : _____ Date: _____

Please note: Submission of application does not guarantee financial assistance.