



Emergency Assistance Application

Please be sure to first apply for State Emergency Relief (SER) program through the Michigan Department of Health and Human Services (MDHHS) by calling 1-844-464-3447 or online at newmibridges.michigan.gov

First Name	Middle Name	Last Name
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Street Address

Street Address Line 2

City	State	Zip Code
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County	Phone Number	Email Address
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Birthdate	Social Security Number	Race (optional)
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Gender	Marital Status	Highest level of school completed
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YES / NO	YES / NO	YES / NO
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Are you a US citizen?	Are you a veteran?	Are you disabled?
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What is your emergency need? Please circle all that apply:

ELECTRIC GAS WATER PROPANE/FUEL OIL WOOD/PELLETS RENT SECURITY DEPOSIT

OTHER

Please explain your emergency need:

What kind of health insurance do you have? _____

Has your home been weatherized in the last 15 years by EightCAP? YES / NO

Home Type: MOBILE HOME / STICK BUILT

Do you rent or own your home? RENT / OWN

Do you receive Food Assistance/Supplemental Nutrition Assistance Program benefits? YES / NO

Household Members; Include everyone living in the household:

Name	Relationship to Applicant	Social Security Number
Birthday	Gender	Race (optional)
	YES / NO	YES / NO
Highest Level of school completed	US citizen? (circle one)	Veteran? (circle one)

Name	Relationship to Applicant	Social Security Number
Birthday	Gender	Race (optional)
	YES / NO	YES / NO
Highest Level of school completed	US citizen? (circle one)	Veteran? (circle one)

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Income Verification; Include all household income:

Acceptable Proof of Income

Earned Income: Be sure all pay stubs are clear. Employee's name, employer/source name, dates of pay period, and gross amount of pay (including tips if applicable) must all be legible.

- Pay Stubs: Provide number of pay stubs depending on how often received.
 - Weekly - 5 pay stubs
 - Bi-Weekly - 3 pay stubs
 - Monthly - 2 pay stubs
- Self-employed individuals must provide the previous year's state income tax forms, including profit and loss statements as proof of income.

Unearned Income: (No Bank Statements)

- SSI, Social Security, RSDI, SSDI: Must provide benefit award letter.
- Quarterly SSI Supplemental verification
- Pension Letter/statement.
- Veteran Benefits Awards Letter
- Child Support: Must provide MICase print off showing past 90 days of income.
- Unemployment: Must provide current UIA print off or UIA Award Letter.
- Cash Assistance: Provide DHHS Case Action Letter showing past 90 days.
- Adoption Subsidy/Direct Care through the State: Provide copy of pay stubs for past 90 days.
- Worker's Compensation: Provide 90 days of pay stubs.
- Alimony or Spousal Support: Provide Divorce agreement or MICASE statement.
- Adoption Subsidy/Direct Care letters.
- Interest, Annuities, or Dividends.
- Rental Income: Provide statements and receipt.
- Other Income: Cash from employment, cash from friends or family, etc. (A written statement including employer/family member name, address, and phone number must be provided)

Does your household have income? (If Yes; complete #1 on the following page, If No; complete #2)

☐ YES

☐ NO

Annual gross household income: _____

1.) Household Income:

Household Member with Income	Type of Income	How often Received	Gross Monthly Income (Before Taxes)

Has there been any, or do you expect any changes in your household's income in the next 30 days? (Please provide verification from employer of this change)

☐ YES

☐ NO

If previous answer was yes explain:

2.) Self-Declaration of No Income:

I state that my household has not received any earned or unearned income from any source during the past 90 days. I also Certify that no one in the household receives income from family or friends on a consistent basis.

Reason for no income:

I have been meeting my basic living needs in the following way:

Food: _____

Shelter: _____

Utilities: _____

Include With Every Application:

☐ Valid Driver's License or State issued ID or School ID or US Military Card or US Passport

☐ Social Security number for applicant and/or person name on bill

☐ DHHS State Emergency Relief decision letter (all pages)

Also Include with Every Application If Applicable:

- ☐ Current Social Security Award Letter(s)/Supplemental Security Income and State SSI Payments
- ☐ State SSI Quarterly Payments
- ☐ Employment Check Stubs for last 30 days (biweekly- 3 stubs/weekly- 5 stubs/monthly- 2 stubs)
- ☐ Cash Assistance (DHHS Case Action Letter)
- ☐ Self-Employment Income – Monthly Profit/Loss Statement
- ☐ Pension/Retirement Benefits Statement
- ☐ Veteran's Benefit/Military Allowance Award Letter
- ☐ Rental Income Statement/Receipt
- ☐ Child Support (MI Case print off from DHHS, court appointed award letter)
- ☐ Unemployment Award Letter
- ☐ Money from Family/Friends (Signed statement with date, name, address, and phone number of provider)
- ☐ Workman's Comp., Adoption Subsidy, Investment Income, Cash from working, etc.

Include if Applying for Utility/Propane Assistance:

- ☐ Utility shut-off notice
- ☐ Propane Carrier

Important: Propane must be at 25% or below to apply. MUST have DHHS SER determination when applying.

Include if Applying for Metered Water/Sewer Assistance:

- ☐ Metered Utility bill/shut-off notice
- ☐ Food Assistance (DHHS Award Letter)

Include if Applying for Rental Assistance. Evictions. or Security Deposit:

- ☐ Eviction Judgment
- ☐ Proof of Housing Voucher
- ☐ Proof of apartment approval

If there are any missing required documents, the application will be halted until all information is received. This will delay the emergency assistance decision.

Decisions for EightCAP assistance are based on funding availability and eligibility.



Consent/Release of Information

I, _____ consent to release, obtain and share all pertinent information and non-confidential, social, medical, and other information about myself and the information I have provided about additional family members that will allow me and my family to benefit from the services offered. In granting such permission, I understand that such information will remain confidential and that such information will only be used for my benefit or to benefit other members of my family. Only authorized personnel will share client information needed for service delivery, to track demographic trends, service patterns and the client outcomes achieved. I further understand that information regarding myself and additional family members will be entered into the data management system(s) utilized by EightCAP, Inc. I release EightCAP, Inc. and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form.

I authorize contact with the following agencies to aid in the solution to my request:

Your local Department of Health and Human Services (DHHS- State Emergency Relief payment authorizations and Benefit communications)

Community Management Associates (CMA- HCV voucher verifications and referrals)

Community Mental Health (CMH- Referrals to programs offered with authorization from applicant)

Property Management (Residence verification and payment authorizations)

Community Action Agencies (CAA- Communications to assist with other agencies to aid in emergency solutions)

Utility Providers (View and obtain most recent utility bill, provider payment programs and payment authorizations)

EightCAP, Inc will only utilize the appropriate agencies to assist in the resolution of the assistance requested. I understand I may be asked to provide information about my experience participating in an assistance program as a grant requirement for assistance.

By signing below, I understand that unless I make a formal request to EightCAP, Inc. that I no longer want to participate in the services offered; this release will remain in effect for (1) year from today.

The statements made by me are true, correct, and complete to the best of my knowledge.

Signature: _____

Date: _____