Emergency Assistance Application

First Name | Middle Name | Last Name

Street Address

Street Address Line 2

City | State | Zip Code

County | Phone Number | Email Address

What is your emergency need? Select all that apply:

- ☐ Electric
- ☐ Gas
- ☐ Propane/Fuel Oil/Wood/Pellets
- ☐ Security Deposit
- ☐ Other
- ☐ Rent

Explain your emergency need

Will the assistance you are requesting help you obtain housing, maintain your current housing, or prevent homelessness?

- ☐ YES
- ☐ NO

Please describe your current housing situation and how this assistance will help:

_____

_____

_____

_____

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 (FAP)/Supplemental Assistance Program Benefits (SNAP)?

☐ YES ☐ NO

MDHHS Case Number: _____

Household Members; Include everyone living in the Household:

Full Name:		Relationship to Applicant:
Social Security Number:	Date of Birth:	Gender:
Marital Status:	Are you a US Citizen?	Race (optional)
What type of Health Insurance do you have?		Are you a Veteran?
Highest level of School Completed:		Are you Disabled?

Full Name

Relationship to Applicant:

Social Security Number:

Date of Birth:

Gender:

Marital Status:

Are you a US Citizen?

Race (optional)

What type of Health insurance do you have?

Are you a Veteran?

Highest level of School Completed:

Are you Disabled?

Full Name:

Relationship to Applicant:

Social Security Number:

Date of Birth:

Gender:

Marital Status:

Are you a US Citizen?

Race (optional)

What type of Health insurance do you have?

Are you a Veteran?

Highest level of School Completed:

Are you Disabled?

Full Name:

Relationship to Applicant:

Social Security Number:

Date of Birth:

Gender:

Marital Status:

Are you a US Citizen?

Race (optional)

What type of Health Insurance do you have?

Are you a Veteran?

Highest level of School Completed:

Are you Disabled?

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 income in the next 30 days? (Please provide verification from employer of this change)

☐ YES

☐ NO

If previous answer was yes, please 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: _____

<u>Include With Every Application:</u>

- 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 (MICase 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 Appling for Utility/Propane Assistance:

- Utility shut-off notice

Please Note: Payment for deliverable fuel will not be made if, upon delivery, it is confirmed you have more than 25% remaining in your tank. You will then be responsible for the cost of delivery.

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

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

Include if Applying for Metered Water/Sewer Assistance:

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

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.

EightCAP, Inc.
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5827 Orleans
Road Orleans, MI
48865

EightCAP, Inc.
Montcalm Office
906 Oak Drive
Greenville, MI 48838

EightCAP, Inc.
Gratiot Office
525 N. State St. Ste 2
Alma, MI 48801

EightCAP Inc.
Isabella Office
2480 W Campus Dr,
Suite C200
Mt. Pleasant MI 48858

Consent for Authorization

I consent to release, obtain, and share all pertinent information and non-confidential social, medical, and other information about myself and information I have provided about additional family members that will allow me and my family to benefit from 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.

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 one (1) year from today. The statements made by me are true, correct, and complete to the best of my knowledge.

I understand that falsifying or omitting financial or household information is considered fraud and is grounds for dismissal from EightCAP, Inc. services.

I understand that I have the right to revoke this authorization at any time by submitting a written cancellation to EightCAP, Inc. and my services will be terminated.

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

Michigan Department of Health and Human Services (MDHHS)

Community Management Associates (CMA)

Property Management

Community Action Agencies

Utility Provider

Other :_____

Signature Date

EightCAP, Inc. Staff Signature Date Received

In accordance with federal and state laws, EightCAP, Inc. shall provide equal opportunity to its services and programs without regard for age, color, disability, familial status, experience, gender, gender identification or expression, formal education, handicap, height, marital or parental status, military service, national origin including limited english proficiency, political affiliation, race, religion/creed, sex, sexual orientation, or weight. Financial assistance is not guaranteed. Any financial assistance provided is based on EightCAP, Inc. Community Services guidelines and limitations.