



The Salvation Army

Rent/Mortgage/Utility Assistance Application Columbia Region

Instructions (please read completely as incomplete applications will not be processed):

Applicant Actions -

- Complete the Social Service Application completely (don't forget household income)- **pg. 1**
- Sign the Client Notice & Consent for all household members- **pg. 2-3**
- Provide a copy of a photo id and social security cards for all adults in the home
- Provide proof of income for all adults in the household (or zero income form for each adult that has no income)- **pg. 4**
- Provide a copy of your lease & eviction notice (if you've already received one) or your utility shut off notice

Only if **COVID** related –

- Provide written verification of how COVID affected your financial situation
- Schedule a Social Service appointment by dropping off your application and all supporting documentation to **1108 W. Ash St. Columbia, MO 65203 (face mask required)**. Once the application is reviewed for completion you will receive an appointment date and time (Wednesdays Only).
- The Disaster Social Vulnerability Assessment in the application packet will be completed at your appointment. – **complete pg. 5 (leave pg. 6 blank- staff will complete)**

If **not COVID** related -

- Schedule a Social Service appointment by dropping off your application and all supporting documentation to **1108 W. Ash St. Columbia, MO 65203 (face mask required)**. Once the application is reviewed for completion you will be scheduled for an appointment date and time (Wednesdays Only).

Landlord/Mortgage/Utility provider Actions –

- COVID related - Must complete the bottom of the Rent/Mortgage Verification form & the W-9 form- **pg. 7 & 8** and/or the Metered Utility Verification form & W-9 - **pg. 8 & 10**

Please call 573-442-3229 if you have questions or email Jordanna the Application and Supporting Documentation to Jordanna.Boyd@usc.salvationarmy.org .

NAME: _____ PHONE#: _____ DATE RECEIVED: _____



Social Services Intake Form 7-2020

Client Record

Date:	HOH Name:				
		First Name	Middle Name	Last Name and Suffix	SIMS ID#

U.S. Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Does Not Know <input type="checkbox"/> Client Refused to Answer Are you receiving Veteran Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone: 	Social Security Number: <input type="checkbox"/> Full Given <input type="checkbox"/> Partial Given <input type="checkbox"/> Client Does Not Know <input type="checkbox"/> Client Refused to Answer
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Address and Apt #:	Zip Code:	Email:
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Client Demographics

Date of Birth:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Refuse to Answer <input type="checkbox"/> Transgender to Male <input type="checkbox"/> Transgender to Female <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Client Does Not Know
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Primary Race:	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Refuse to Answer
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Ethnicity:	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Refuse to Answer
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Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Minor
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Homeless Information:	Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you chronically homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons in Household:
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Other Information:	Do you have a disabling condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you covered by health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type of insurance:
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All persons in household

Name	Relationship to HOH	DOB	SSN	Gender	Race	Ethnicity	Marital Status	Veteran Status (Y/N)	Health Ins Type (Y/N)	Disabling Condition (Y/N)

Household Income

Monthly Household Income:	<input checked="" type="checkbox"/> Total	Total Non-cash benefits:	<input checked="" type="checkbox"/> Total
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INCOME/SOCIAL SECURITY

FOOD STAMPS

COVID-19 Hardship Assessment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Hardships: <input type="checkbox"/> Child Care <input type="checkbox"/> Employment <input type="checkbox"/> Family relationship <input type="checkbox"/> Food/Nutrition <input type="checkbox"/> Health <input type="checkbox"/> Health Care Coverage <input type="checkbox"/> Income <input type="checkbox"/> Shelter/Housing If Health related: Impact: <input type="checkbox"/> Quarantine <input type="checkbox"/> Hospitalization <input type="checkbox"/> Death of Family Member Was household member diagnosed with COVID-19: <input type="checkbox"/> Yes <input type="checkbox"/> No Did you receive Stimulus check: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____ Disaster Social Vulnerability Assessment: Impact: <input type="checkbox"/> Destroyed <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Affected Score: _____	Internal: The Salvation Army <input type="checkbox"/> Client <input type="checkbox"/> Corps <input type="checkbox"/> Seasonal Programming <input type="checkbox"/> Corrections Department <input type="checkbox"/> Residential <input type="checkbox"/> Other	External: <input type="checkbox"/> 211 <input type="checkbox"/> Self Referral <input type="checkbox"/> Community School <input type="checkbox"/> Community Agency <input type="checkbox"/> Other
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****Add additional Household Members on the back.****

The Salvation Army Client Data Management System Client Privacy Notice & Consent



NOTICE:

We collect personal information directly from you for reasons that are discussed in The Salvation Army Client Data Management System Privacy Policy and Guidelines. We may be required to collect some personal information by law or by organizations that give funds to us to operate this program. Other personal information that we collect is important to run our programs, to improve services, and to better understand the needs of those we serve. We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our privacy policy is available to all clients upon request.

YOUR RIGHTS:

You have the right to a copy of the information about you in a Client Data Management System as outlined in the Client Data Management System Privacy Policy. You have the right to correct mistakes on information about you.

If you have a complaint about the performance of any Salvation Army staff member, officer, intern, volunteer, or feel treated unfairly in any way, you can follow the grievance policy steps as outlined in the Client Data Management System Privacy Policy. Grievances may be formally recorded by making an appointment to speak with or submit a written complaint to The Salvation Army's Unit Director at the location you are being served.

If you do not want your name, social security number, or date of birth entered in a Client Data Management System, tell the intake worker and circle the applicable section below. The Salvation Army will not refuse to help you for denying this. However, this option may not be applicable to certain services including, but not limited to, specific SSVF and utility assistance services. They will enter you into the system as an anonymous individual and keep your identifiable information separate.

If applicable, circle the statement in italics: *I am refusing to allow my identifiable information to be entered in a Client Data Management System and understand that my intake information will be entered as an anonymous client. I understand that my identifiable information will be stored separately in a secure database for anonymous clients.*

SIGNED CONSENT

Each adult, emancipated minor or unaccompanied youth must sign for himself or herself. A parent/guardian should sign for children under the age of 18. My signature shows that I permit you to capture and utilize all personal information regarding me and my dependents into the Client Data Management System.

_____/_____/_____
Print Name- Client Date of Birth

_____/_____/_____
Signature of Client or Guardian Date Signed

For Office Use Only:	
_____/_____/_____ Signature of Agency Witness	_____/_____/_____ Date Signed

If Applicable Dependent Children under 18:

1. _____/_____/_____
Print Name Date of Birth

2. _____/_____/_____
Print Name Date of Birth

3. _____/_____/_____
Print Name Date of Birth

4. _____/_____/_____
Print Name Date of Birth

5. _____/_____/_____
Print Name Date of Birth

6. _____/_____/_____
Print Name Date of Birth

If Applicable Other Adult Household Member 18 or over:

1. _____
Print Name- Adult Household Member

_____/_____/_____
Date of Birth

2. _____
Print Name- Adult Household Member

_____/_____/_____
Date of Birth

1. _____
Signature of Adult Household Member

_____/_____/_____
Date Signed

2. _____
Signature of Adult Household Member

_____/_____/_____
Date Signed

3. _____
Print Name- Adult Household Member

_____/_____/_____
Date Signed

4. _____
Print Name- Adult Household Member

_____/_____/_____
Date Signed

3. _____
Signature of Adult Household Member

_____/_____/_____
Date Signed

4. _____
Signature of Adult Household Member

_____/_____/_____
Date Signed



The Salvation Army

Zero-Income Certification Form

(Please complete for each adult with no income)

Head of Household Name: _____

Adult Household Member Name: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
Income from operation of a business;
 - b. Rental income from real or personal property
 - c. Interest or dividends from assets;
 - d. Social Security payments, annuities, insurance policies, retirement funds, pensions,
 - e. Or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from person not living in the household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source of income not name above.
2. I currently have no income of any kind.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud.

Print Name

Signature

Date

Disaster Social Vulnerability Assessment

Directions: Circle the answer that best fits your current situation within each column (Socio-Economic Status, Household Composition & Disability, Minority Status & Language, and Housing & Transportation).

	Socio-Economic Status	Household Composition & Disability	Minority Status & Language	Housing & Transportation
<i>Very High</i> (3)	Unemployed or income below poverty level or no GED	Age 65+ or 17- or has disability with severe daily functioning or single parent	Minority or Immigrant who speaks no English or may be undocumented	Uninsured and: Homeless/transitional or lives in an Apartment or lives in a Mobile home or no reliable transportation
<i>High</i> (2)	Can meet basic needs only with subsidy or part time/full time employment with inadequate pay	Ongoing medical condition but can meet most daily living needs or some healthcare assistance needed	Immigrant with limited English or Immigrant with the ability to understand but difficulty responding	Under-insured and: had adequately safe housing or reliable but limited transportation
<i>Medium</i> (1)	Can meet basic needs and manage debt without assistance or adequate pay	Physically functional to handle life stressors or minor impairment or has access to medical care	Immigrant who speaks English well but may need help completing forms	Safe adequate subsidized housing or reliable transportation or insured but requires additional support
<i>Low</i> (0)	Sufficient Income and insurance or able to save or sufficient education/training to maintain stability	Can provide beyond basic health needs or no symptoms or healthy support network	Not a Minority or Immigrant and is proficient in English	Safe non-subsidized housing and reliable transportation and adequately insured





Disaster Social Vulnerability Assessment Scoring

Date _____

Client ID No. _____

Disaster Case Manager/Worker _____

Damage Assessment Impact (Check one)

	Destroyed	Major	Minor	Affected
Socio-economic Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Comp & Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minority Status & Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing & Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disaster Impact Multiplier	<input type="checkbox"/> x4	<input type="checkbox"/> x3	<input type="checkbox"/> x2	<input type="checkbox"/> x1
Total Vulnerability Score	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social Vulnerability Scale	
Very High	37-48
High	25-36
Medium	13-24
Low	3-12
Very Low	1-2
None	0

Instructions

1. Check off Damage Assessment level to determine Impact column to be used.
2. Assist client in completing social vulnerability assessment
3. Input corresponding number into impact category and add total
4. Multiply total by the Disaster Impact Multiplier to get the Total Vulnerability Score.
5. Determine where client falls on Social Vulnerability Scale and assign additional financial assistance

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____ <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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-	-							
or								
Employer identification number								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td></td> <td></td> <td></td> </tr> </table>					-			
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
 Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



**The Salvation Army
Midland Division Headquarters
1130 Hampton Ave. St. Louis, MO 63139
METERED UTILITY VERIFICATION FORM**

***** PLEASE PROVIDE A COPY OF YOUR SHUT OFF NOTICE *****

Metered utility assistance includes gas, electric and water for individuals or households. Failure to provide complete, required information will result in a compliance exception.

Please select your funding source for this request:

- ESG POH PTH TSA Funds Other _____

Client Information (required):

Name: _____

Customer Account Number: _____

Complete Address: _____

Street/City/State/Zip

Complete Service Address: _____

Street/City/State/Zip

Utility Payment Type (Circle One): Electric Gas Water

The attached bill covers _____ to _____ and is a one month billing period.

The attached bill is/was due on _____ (month/day/year).

The one month amount charges being paid from this bill are for (check one):

- current month's utilities past due utilities.

The amount being paid of \$ _____ is for the month of _____ (month/year), which was due on _____ (month/day/year) and does not exceed one month's billing.

The payment being made by this agency is still entirely past due and is part of the total amount owed at the time this agency is providing payment.

Staff Signature: _____

Verification (To be completed by the staff):

Because this information was not clearly stated on the attached bill, the information has been verified with the utility company and noted by service dates and one month amounts on the attached bill/history.

The following information must be completed:

Verified on (month/day/year): _____

Verified with (name of utility company) _____

Verified with (name of utility company staff) _____

Name of staff conducting verification: _____

Signature of staff conducting verification: _____