



**DOING
THE MOST
GOOD™**

William Booth, *Founder*
 Brian Peddle, *General*
 Commissioner Kelly Igleheart, *Territorial Commander*
 Lt. Colonel Ronnie Raymer, *Divisional Commander*
 Captains Chris and Carla Raymer, *Corps Officers*

**Salvation Army Greensboro
 Emergency Financial Assistance Registration Form**

Name: _____
 First Name Middle Name Last Name

Date of Birth: ____/____/____ Email Address: _____

Telephone Number Home: _____ Cell: _____

Address: _____ Apt. #: _____

State _____ Zip: _____ City _____

HH Member	SSN	DOB	Relationship	Race/Sex	US Citizen (Y/N)
1.			Self		
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Eligibility: Rent and Utility assistance that is one – three months past due. If you are more than three months past due, you do not qualify for this specific assistance. (We do not assist with rental or utility deposits)
Must be 18 or older, have a valid ID, proof of income, and social security number for all household members.

Do you receive food stamps? Yes No

Salvation Army Greensboro Assistance Requested: Rent _____ Utilities _____

Landlord Name and Contact Information: _____

Household Support Received (Please indicate for all household members)

____ WIC ____ Medicaid ____ Utility Assistance
 ____ Medicare ____ TANF ____ Vet's Aid ____ Head Start ____ Employed ____
 ____ SSI/SSDI ____ Unemployment ____ Foster Care ____ Pension ____ None of the above



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A. COVID-19 Impact

A.1. Have you or other members of the household experienced an income loss or reduction due to the COVID-19 pandemic?

YES NO

A.2. Please check each condition that applies to your situation or other members of your household who have lost or experienced a reduction in income due to the COVID-19 pandemic (check all that apply):

- Have been laid off temporarily or permanently.
 - Have had work hours reduced.
 - Were about to start a new job but could not or were terminated from a new job before establishing sufficient work history to be eligible for regular benefits.
 - Are self-employed, and their business is no longer supplying them with income, or such income has been reduced.
 - Are independent contractors or gig workers who have not been able to earn fees, or whose fees have been reduced.
 - Have become sick themselves or have been advised by a governmental or medical professional to self-quarantine.
 - Have had to leave a job or reduce hours to care for a person who is sick.
 - Have had to leave a job or reduce hours to care for dependents whose ordinary situations (such as school or daycare) have been disrupted.
 - Have reasonable concern over the risk of infection at work, for themselves or someone in their household. (Examples include individuals who themselves or live with someone who is elderly, have underlying conditions that render them more vulnerable, or are immunocompromised).
 - I had an unexpected COVID related medical or funeral expense.
 - I am living in a car, outside, or other place not meant for human habitation.
 - Have other conditions resulting in loss of income due to the COVID-19 pandemic. If you selected "Have other conditions," please describe the situation below.
-



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COVID-19 Impact - continued

PRIOR HOUSING ASSISTANCE RECEIVED

Has anyone in your household applied for, or received any rental and/or utility assistance from any source (local, state, federal, private) FOR THE MONTHS YOU ARE APPLYING TO Salvation Army FOR? If yes, proceed with this section.

List all the sources of financial and/or housing assistance (the name of the local, state, federal or private organization) **FOR ONLY THE MONTHS YOU ARE APPLYING TO Salvation Army.**

Agency/Program	Month/s Provided	Amount of Assistance

Provide Document(s) About Housing Assistance Award Letters/Checks for Housing Assistance

Required Documents- must be submitted with your application to be processed

Please provide the following documentation. *Photocopies submissions are allowed.*

Valid Photo ID for all adult household members (must be 18 years of age or older to apply)

Most Recent Rent/Utility Statement or eviction letter (Must show name, address, and rental amount due on rental ledger) Rental Lease Agreement/Documentation that Shows Rental Arrangement signed by landlord

Proof of Income

Documentation/Information COVID-19

Impact completed above



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THE SALVATION ARMY

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (Name of client)

a participant in The Salvation Army Emergency Financial Assistance Program (Name of program service)

hereby authorize The Salvation Army Greensboro Center of Hope Staff and Employees (Director or other employees)

to disclose to United Way, Gullford County, NC HMIS, Duke Energy, Piedmont Natural Gas, GUM, GHC, DSS, Salvation Army and the Landlord: _____ (Recipient of information)

- (a) my participation in The Salvation Army 1311 S. Eugene St. Greensboro, NC 27406 ; (Name and address of program service)
(b) information regarding my general condition;
(c) details with respect to the services needed, services given and evaluation of my situation;
(d) _____

The purpose of the disclosure authorized herein is to provide emergency assistance as it relates to the COVID 19 pandemic.

This consent may be revoked by me at any time except to the extent that action has been taken in reliance thereon. This consent (unless expressly revoked earlier) will expire upon my formal termination from The Salvation Army Center of Hope Programs.

Consent Paragraph: We are a participating agency of the NC Homeless Information Network (NCHMIS). As a member of NCHMIS, we use a computerized Homeless Management information System (NCHMIS) to collect and report on information about the clients we serve. We collect personal information directly from you for reasons that are discussed in the NCHMIS Privacy Practices. We may be required to collect some personal information by law or by organizations that give us money to operate this program. One example of a funding organization that requests detailed information is the Department of Veterans Affairs program that targets services to homeless veterans. Other personal information that we collect is important to run our programs, to improve services for emergency assistance, and to better understand the needs of persons needing assistance. We only collect information that we consider to be appropriate. If you do not want your information entered and shared through the HMIS, please put an X through this paragraph.

Signature: _____ Date: _____

Signature of Witness: _____ Date: _____

Approved by National Legal Counsel August 2009 SEE: The Salvation Army Policy and Guidelines & Confidentiality and the Protection of Personal Privacy

Expiration Date: _____



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The Salvation Army of Greensboro
Center of Hope
Emergency Assistance Program

I, _____ acknowledge that if I am applying for assistance with my rental and/or utilities. If I am approved, I understand that a payment determined by Salvation Army will be made directly to the third-party vendor. If I am denied, I will receive a letter in the mail or via email.

Client Signature

Date

Caseworker Signature

Date

NOTE: In an effort to process your application without delays, please make sure you complete the application entirely and sign where required and mail this document (5) pages along with a copy of your lease and eviction letter/past due rent letter from your landlord and past due electric, or gas bill

NOTE: If you are more than three months past due, you are not eligible for this specific service.

How to submit your application:

- 1. Mail to: The Salvation Army C/O EFA Department, PO Box 5310
Greensboro, NC 27435 or**
- 2. Email scanned documents to:
NSCGRBEmergencyAssistance@uss.salvationarmy.org**

Please do not drop off your application!

Completing this application does not guarantee assistance.

Assistance is based on the availability of financial funds to meet the large number of requests.