

APPLICANT:

WE NEED THE FOLLOWING INFORMATION IN ORDER TO PROCESS YOUR APPLICATION:

- 1... YOU MUST BE ABLE TO VERIFY RESIDENCY IN OKLAHOMA FOR SIX MONTHS

- 2... A VALID OKLAHOMA DRIVER LICENSE
OR
OKLAHOMA PICTURE ID CARD

- 3... SOCIAL SECURITY CARD FOR EACH MEMBER OF THE HOUSEHOLD

- 4... PROOF OF INCOME AND EXPENSES PAID FOR THE LAST 30 DAYS
(Examples: payroll stub, bank statement, etc)

- 5... MUST HAVE PROOF OF EMERGENCY
(Doctor bills, car repairs, loss of job, etc)

- 6... MUST HAVE PROOF OF EXPENSE
(Receipts, etc)

- 7... FOR HELP WITH UTILITIES: BILL MUST BE IN YOUR NAME
MUST HAVE CUT OFF NOTICE

- 8... FOR HELP WITH RENT OR RENT DEPOSIT: MUST HAVE EVICTION NOTICE
FROM LANDLORD

We need this information before an application can be processed.

THANK YOU

NOTE: ALL INFORMATION WILL BE VERIFIED BEFORE APPLICATION IS APPROVED.

NORTHEAST OKLAHOMA COMMUNITY ACTION AGENCY

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APPLICATION DATE: _____

APPLICANT'S NAME: _____
LAST FIRST MIDDE INITIAL

MAILING ADDRESS: _____
CITY STATE ZIP COUNTY

PHONE NUMBER: _____ ANYONE IN YOUR HOME DISABLED OR HANDICAPPED? _____

DO YOU OWN _____ RENT _____ or HOMELESS _____ IF SO, WHO & EXPLAIN: _____

INFORMATION ABOUT FAMILY MEMBERS (INCLUDING APPLICANT): SIZE OF FAMILY: _____

| NAME (starting with applicant) | AGE | DATE OF BIRTH | SOCIAL SECURITY # | SEX | RELATIONSHIP TO APPLICANT | RACE | EDUCATION LEVEL |
|-----------------------------------|-----|---------------|-------------------|-----|------------------------------|------|--------------------|
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IF NATIVE AMERICAN, WHAT TRIBE? _____

SOURCE OF INCOME AND AMOUNT:

SOCIAL SECURITY: \$ _____ EMPLOYMENT: \$ _____
PENSION: \$ _____ GENERAL ASSISTANCE: \$ _____
UNEMPLOYMENT: \$ _____ SSI: \$ _____ TANF: \$ _____
CHILD SUPPORT: \$ _____ OTHER: \$ _____

DO YOU HAVE HEALTH INSURANCE? _____ ARE YOU A VETERAN? _____
DOES YOUR CHILDREN HAVE HEALTH INSURANCE? _____
DO YOU RECEIVE ANY OF THESE SERVICES? FOOD STAMPS \$ _____ (how much per month?)
WIC \$ _____ INDIAN COMMODITIES \$ _____

SERVICES NEEDED: EMERGENCY ASSISTANCE _____ HOME REHABILITATION _____
HOME WEATHERIZATION _____ HOME OWNERSHIP _____ HOME BUYER EDUC _____
TAX PREPARATION _____ PRESCRIPTION _____

PLEASE DESCRIBE YOUR CURRENT SITUATION AND THE REASON FOR YOUR APPLICATION:

I understand this Agency may need to share this information with other agencies and/or organization to best service my needs. The Salvation Army and it's representatives have my consent and permission to share this information with other agencies and/or organizations. I have read this agreement and understand it. I voluntarily sign my consent.

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR STAFF USE: Verification and copy of Social Security Card _____, Driver's License _____, and income _____
Approved by _____ date _____ for the following services: _____
Disapproved by _____ date _____ for the following reasons: _____

| CHECK # | DATE | AMOUNT | FUND SOURCE | PAYEE |
|---------|------|--------|-------------|-------|
| | | | | |
| | | | | |

Applicant has the right to appeal decision of agency personnel. If you wish, you may obtain a copy of the policy from any staff member.

EMERGENCY ASSISTANCE

HAVE YOU EVER APPLIED BEFORE? IF SO, WHEN AND TYPE OF ASSISTANCE REQUESTED:

YES OR NO?

WHEN?

WHAT TYPE?

NAME OF CURRENT EMPLOYER _____

HOW LONG HAVE YOU BEEN EMPLOYED? _____

INCOME ACCOUNT? _____

weekly or monthly?

CURRENT SOURCE OF INCOME AND AMOUNT:

(LIST ALL HOUSEHOLD INCOME BELOW AND GIVE AMOUNT RECEIVED PER MONTH)

| SOURCE | PERSON RECEIVING INCOME | GROSS INCOME | NET INCOME |
|---------------------|-------------------------|--------------|------------|
| NO INCOME | | | |
| EMPLOYMENT | | | |
| TANF | | | |
| SSI | | | |
| SSDI | | | |
| SOCIAL SECURITY/DIS | | | |
| STATE ASSISTANCE | | | |
| UNEMPLOYMENT | | | |
| CHILD SUPPORT | | | |
| OTHER | | | |
| TOTAL | | | |

We will total for you

PREVIOUS EMPLOYMENT FOR THE PAST YEAR FOR EACH HOUSEHOLD MEMBER:

| NAME OF PERSON EMPLOYED | NAME OF PREVIOUS EMPLOYER | DATE OF LAST JOB | REASON FOR LEAVING |
|-------------------------|---------------------------|------------------|--------------------|
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HOUSEHOLD EXPENSES AND AMOUNT:

(LIST ALL HOUSEHOLD EXPENSES BELOW AND GIVE AMOUNT PER MONTH)

Receipts are needed for expenses paid out the last 30 days with the exception of food and gasoline.

| ITEM | MONTHLY EXPENSE | IRREGULAR EXPENSE | AMOUNT PAID | AMOUNT UNPAID | ASSISTANCE/AMOUNT GIVEN BY OTHERS |
|---------------------------------|-----------------|-------------------|-------------|---------------|-----------------------------------|
| RENT | | | | | |
| RENT (DEPOSIT-If applicable) | | | | | |
| MORTGAGE | | | | | |
| ELECTRIC | | | | | |
| ELECTRIC (DEP-If applicable) | | | | | |
| GAS | | | | | |
| GAS (DEPOSIT-If applicable) | | | | | |
| WATER | | | | | |
| WATER (DEP-If applicable) | | | | | |
| PROPANE/TANK/WOOD | | | | | |
| FOOD (CASH,don't need receipts) | | | | | |
| CHILD CARE | | | | | |
| GASOLINE (don't need receipts) | | | | | |
| VEHICLE PAYMENT | | | | | |
| VEHICLE INSURANCE | | | | | |
| TELEPHONE | | | | | |
| CABLE | | | | | |
| PRESCRIPTIONS | | | | | |
| HEALTH INSURANCE | | | | | |
| CREDIT ACCOUNTS | | | | | |
| HOUSEHOLD MISC. | | | | | |
| FINES/JUDGEMENTS | | | | | |
| OTHER | | | | | |
| TOTAL | | | | | |

We will total columns for you.

**TOTAL INCOME TAX
REFUND RECEIVED**

**TOTAL HOUSEHOLD
INCOME**

**TOTAL HOUSEHOLD
EXPENSES**

**TOTAL EXPENSES PAID
OUT**

DIFFERENCE (+ or -)
