

Client Name: _____ Phone number: _____ New [] Return []

_____ ROI
Appt. Date Appt. Time Benefits Advisor Phone Number E-mail Address

Are you or any household member related to any employees or commissioners of the SCVSC: yes__ no__

FINANCIAL ASSISTANCE CHECKLIST

This checklist is to assist you on completing the application process to determine temporary emergency financial assistance. Assistance is determined based on receipts provided for all household income and expenses paid out in the **past 30 days**. New receipts will be required for any future assistance based on income and expenses for the past 30 days.

PLEASE BRING ALL ITEMS CHECKED BELOW FOR THE FOLLOWING DATES: _____ to _____

INCOME: all income in the household

EXPENSES: Expense paid out of income

_____ Lump Sum/Settlement within last 5 years.

_____ Pay Day Loans

_____ Checking/Savings Bank Transactions

_____ AMHA/Section 8 Housing

_____ Pay Stubs

_____ Rent/Mortgage (**Mortgages require FAX number**)

_____ Unemployment

_____ Deposit

_____ Retirement

_____ Electric

_____ SS/SSI/SSD/SSDI

_____ Gas/Heating Fuel

_____ SCD/NSCD

_____ Cell Phone/Landline Phone

_____ Disability Pay/WC

_____ Water/Sewer

_____ Annuity/401K

_____ Internet

_____ Child Support/Alimony

_____ Trash

_____ Government Assistance

_____ Day Care

_____ Rental Property Income

_____ Car Payment(s)

_____ AMHA Housing Utility Stipend

_____ All Insurances

_____ All School Stipends: VocRehab, G.I. Bill

_____ Loans (Credit Cards, personal, etc.)

_____ All Other Income/including Pay Day Loans

_____ Vehicle/Home Repairs if Owner

_____ Income Tax

_____ License/Court Legal Fees

_____ Credit Cards (Statements)

_____ Photo ID (Vet/Spouse)

_____ Appliance/Furniture Rental

_____ DD214/Discharge Papers

_____ Medical/Prescriptions

_____ SS Card #

_____ Food

_____ Marriage Certificate/Domestic Partner

_____ Other

_____ Birth Certificates

_____ Taxes (IRS, State, City, Property)

_____ Adoption/Custody Papers

_____ Landlord Statement

_____ Death Certificates

_____ (3) – Written Estimates for Home Repairs if Owner

_____ Current School Record/Report Card(s)

Revised 3/29/2018