



Date Received

Date of Appointment

DO NOT WRITE ABOVE THIS LINE - TNC STAFF ONLY

Financial Assistance Program

TNC's Financial Assistance Program offers support to clients facing eviction and/or utility disconnection. Due to the fluctuation of program criteria and funding availability of assistance programs, we ask that our clients complete the Assistance Request Form so that our Social Workers can determine what assistance (if any) they would be eligible for. Clients may be given referrals to other agencies or programs, come in to complete application(s) to assistance programs outside of our organization, or benefit from internal funding sources within our organization (when available). In cases where an applicant does not meet the necessary criteria or there is no funding available, we will do our best to accommodate you through other supportive services we offer.

PLEASE NOTE: this Assistance Request Form is not an application for financial assistance, but rather a screening tool to determine your eligibility for assistance.

PLEASE REVIEW THE INSTRUCTIONS BELOW TO ENSURE YOUR ASSISTANCE REQUEST IS RECEIVED AND PROCESSED AS SOON AS POSSIBLE.

1. Complete the Assistance Request Form and email it to office@thenavigationcenter.org. *Forms that have sections left blank will be denied.*
2. Please wait at least 5 business days to follow up regarding your assistance request
3. Respond to any emails/phone calls from TNC Social Workers regarding your Assistance Request. *Three failed attempts to make contact will result in a denial.*
4. If it is determined that you meet criteria for available funding and are approved for an appointment, you must bring all necessary documents with you to your appointment. Documents may be emailed at the time of the appointment.

Required Documents (needed at time of appointment)

- **I.D.:** ID for all adults (18+) in the household
- **Proof of Income:** One month of paystubs, SSI/SSDI/SS award letter, child support, TANF
- **Rent and/or Utility Invoice**
- **Lease:** for rent requests
- **Eviction Notice:** If applicable

The signature below and subsequent submission of this application gives your consent for TNC staff to contact your Property Manager, Landlord, or utility company regarding the status of your current financial standing. Additionally, TNC may need to share your information with other community partners and assistance programs.

The signature below also signifies an understanding that false information or statements are punishable by federal law, and that all information provided is complete and accurate.

Signature: _____

Date: _____

Print Name: _____

Client Information

First Name: _____ Last Name: _____

D.O.B.: _____ Last 4 of SSN: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employed?: Y N Veteran?: Y N Disabled?: Y N

Household Members

Name: _____ DOB: _____ Age: _____ Relation: _____

Employed?: Y N If Yes, what is their monthly income?: _____

Student (K-12)?: Y N If Yes, what school?: _____

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Employed?: Y N If Yes, what is their monthly income?: _____

Student (K-12)?: Y N If Yes, what school?: _____

Monthly Household Income

DO NOT LEAVE BANK!

- Employed Full-time
- Employed Part-time
- On Disability (SSI/SSDI)
- Pension/ Social Security
- Unemployment
- Child's SSI/SS
- Child Support
- Other: _____
- No income

SNAP : \$ _____
Utility Check: \$ _____
TANF: \$ _____

Monthly Income: \$ _____

Monthly Household Expenses

Rent: _____ Phone: _____ Car Insurance: _____
Water: _____ Internet: _____ Other: _____
Electric: _____ Car Note: _____

Monthly Expenses: \$ _____

Please fill out the following information for each type of assistance you are applying for. Please note: the applicant's name must be on the lease for rental assistance or Utility account for utility assistance.

Rental Assistance

Amount Owed: _____ Amount Needed: _____
Apartment Complex: _____
Contact Name: _____
Contact Email: _____
Contact Phone: _____
Mailing Address: _____

Utility Assistance

Amount Owed: _____ Amount Needed: _____
Utility Company: _____
Phone: _____
Account Name: _____
Account Number: _____
Mailing Address: _____

(Please be sure you provide the correct mailing address for payment to be sent to, if approved. Checks cannot be re-issued if sent to the wrong address!!!!)

Please briefly describe your reason(s) for needing assistance:
