

Assistance is available for residents of Anderson County

Include the Following Information:

- Photo ID SS Card (for each adult living in household)
- Proof of Current Address (if not shown on your ID)
- Last 30 days Income Sources (pay stubs, SS statement, child support doc, unemployment Statement, etc)
- For Utility Assistance: Gas, Electric or Water Bill (in your name)
- For Rent Assistance: Lease, Landlord/Mortgage Holder Form & W-9
- For Mortgage Assistance: Statement, Mortgage Holder Form & W-9
- Statement of Need Form
- Attend Orientation _____
- Signed & Dated ROI (Release of Information) (bottom of back page)

Incluye la siguiente información:

- identificación fotográfica y Tarjeta de Seguro Social (para cada adulto que vive en el hogar)
- Comprobante de dirección actual (si no se muestra en su identificación)
- Fuentes de ingresos de los últimos 30 días (talones de pago, declaración de SS, documento de manutención de niños, Declaración de desempleo, etc.)
- Para asistencia de servicios públicos: factura de gas, electricidad o agua (a su nombre) Para asistencia con el alquiler: contrato de arrendamiento, formulario de arrendador/titular de la hipoteca y W-9
- Formulario de declaración de necesidad
- Asistir a la Orientación
- ROI firmado y fechado (Divulgación de información) (parte inferior de la última página)

Necesito ayuda con:

I NEED HELP WITH:

Cuál es su emergencia? (explique su situación)

- | | | | | | |
|------------------|---------------------------|--------|----------|----------|-------------------|
| Servicio Publico | Renta | Comida | Ropa | Hipoteca | tanque de propano |
| Utility | Rent | Food | Clothing | Mortgage | Propane Tank |
| Otro | Other - please list _____ | | | | |

Otra agencia le ha ayudado este ano?

Has another agency helped you this year?

Yes

No

En caso afirmativo, quién y con qué?

If yes, who AND with what? _____

Nombre

Name _____

Numero de teléfono

Phone # _____ hm / cell / work / _____

Dirección

Street Address _____

Nombre de Apartamento

Apartment Complex Name _____

Ciudad, Estado, Código Postal

City, State, & Zip _____

Condado

County: Anderson Oconee Pickens OTHER

Cuántos personas están en su casa?

How many people are in your home? _____

Adultos

Adults _____

Niños

Children _____

Correo Electrónico

Email: _____

Estado Marital Casado Divorciado Viuda Soltera Separada Unión Libre

Marital Status: Married Divorced Widowed Single Separated Live-in

Es la casa un hogar encabezado por una mujer?

Is this a female headed household?

Yes

No

Tienes una iglesia?

Church? (optional) _____

RACE

AI - American Indian / Alaska Native	H - Hispanic/Latino
A - Asian	NH/PI - Native Hawaiian / Pacific Islander
Bi - Bi-Racial	C - White / Caucasian
AA - Black / African American	

Please list everyone including yourself living in your home:

Nombre Name	Relación a Ud. Relationship	Sexo Gender M/F	Raza Race	Fecha de nacimiento Birth Date	Seguro social o tax ID Last 4 of SS#	Discapacitado Disabled?	Fuente de ingresos Income Source	Servicio militar? Military Service?
1	self					No Yes.		No Vet Reserve Active
2						No Yes.		No Vet Reserve Active
3						No Yes.		No Vet Reserve Active
4						No Yes.		No Vet Reserve Active
5						No Yes.		No Vet Reserve Active
6						No Yes.		No Vet Reserve Active
7						No Yes.		No Vet Reserve Active

Employed / Un-Employed? <i>Donde esta empleado?</i> YES, I have a job. Where?	NO: Unemployment Compensation?		<i>Con quien?</i> Who?	<i>Por cuanto tiempo?</i> How long?	<i>Cuanto le pagan?</i> How much?	<i>Con qué frecuencia te pagan?</i> How Often Paid
	Yes	No			\$	Weekly Bi Weekly Other
	Yes	No			\$	Weekly Bi Weekly Other
	Yes	No			\$	Weekly Bi Weekly Other
	Yes	No			\$	Weekly Bi Weekly Other

HOUSEHOLD MONTHLY INCOME

Employment \$ _____

Child Support \$ _____

Unemployment \$ _____

Retirement \$ _____

SSI \$ _____

SS \$ _____

SS Disability \$ _____

VA \$ _____

TANF \$ _____

Utility check \$ _____

Other \$ _____

Other \$ _____

Other \$ _____

TOTAL \$ _____

HOUSEHOLD

Food Stamps: \$ _____

WIC Yes No

Medicaid Yes No

Medicare Yes No

Section 8 Yes No

My home is:

apartment house room

mobile home other _____

Do you rent a mobile home lot? YES NO

Housing: own buying renting

Total Owed on Credit Cards: \$ _____

Monthly Credit Card Payment: \$ _____

HOUSEHOLD MONTHLY EXPENSES

Housing \$ _____

Power \$ _____

Heat \$ _____

Water & Sewer \$ _____

Phone \$ _____

Internet/TV Service \$ _____

Car Payment \$ _____

Car Insurance \$ _____

Gasoline \$ _____

Child care / Support \$ _____

Loan \$ _____

Groceries / Toiletries \$ _____

Tobacco \$ _____

Other: \$ _____

TOTAL \$ _____

Release of Information (ROI): I do hereby apply for assistance from AIM as requested herein and certify that the information provided is true and accurate to the best of my knowledge. I understand that qualification for assistance is based on preset guidelines and request a determination of whether I meet or do not meet those guidelines. I understand that AIM does not discriminate on the basis of race, age, gender, creed, national origin or other discriminatory measure in making these determinations or the provision of assistance. I further understand that the providing of fraudulent, false or misleading information may result in the denial of services even if the guidelines are met. I hereby authorize AIM to release my name & other information relating to me to other agencies, organizations, and/or companies in order to obtain any assistance that might further help me. Furthermore, I authorize AIM to input my name and other information into the Charity Tracker database to check my records and case history against those of other organizations.

Firma
Signed _____

Fecha
Date _____

OFFICE USE ONLY

OFFICE USE ONLY

OFFICE USE ONLY

Application:

Initial: _____ Review: _____

Appt Date: _____