



THE SALVATION ARMY OF GREENSBORO

CRISIS ASSISTANCE

PLEASE FILL OUT AND EMAIL APPLICATION TO:

NSC.grbcrisisAssistance@uss.salvationarmy.org

OR MAIL IN / DROP OFF TO:

1311 S. EUGENE ST

GREENSBORO NC, 27406

Salvation Army Greensboro Center of Hope

EFA Registration Form

Name: _____
First Name Middle Name Last Name

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

Telephone Number Home: _____ Cell: _____

Address: _____ Apt. #: _____

City State Zip:

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

Other Language _____

Do you receive food stamps? Yes No

Salvation Army Greensboro Assistance Requested: Rent or Utilities _____ (Must be one service requested)

Household Support Received (Please indicate for all household members)

____ WIC ____ SNAP/Food Stamps ____ 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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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
(Name of client)

a participant in The Salvation Army COVID 19 Emergency 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, City of Greensboro, NC HMIS, Duke Energy, Piedmont
Natural Gas, GUM, GHC, IRC, DSS, Salvation Army and
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 into 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

COVID 19

I, _____ acknowledge that if I am submitting an application for assistance with my rental arrears or utility bill (circle one). 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

Approved: Yes or No _____

Vendor: _____ Amount approved: _____ Date _____

Denied Reason: Date letter mailed: _____

Lack of agency funding _____

Missing documentation _____

Fraudulent Information _____

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 (3) pages along with a copy of your lease and eviction letter/past due rent letter from your landlord or past due electric or gas bill to: The Salvation Army C/O EFA Department, 1311 South Eugene Street, Greensboro, NC 27406



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City of Greensboro Community Development Block Grant (CDBG) Rental/Utility Assistance Program FY 2019-2020, Income Self-Certification for Program Applicants

This program is supported by Community Development Block Grant (CDBG) funds from the U.S. Department of Housing and Urban Development (HUD). Federal regulations require that we obtain the following information to document that assistance is being provided to low- and moderate-income households. This information is collected for statistical purposes only and is kept in strict confidence. The applicant should complete this form indicating all persons residing within their household, regardless of whether or not they are related. Income verification is **MANDATORY** for program participation.

Applicant Name _____

Address _____

City & State _____

Zip Code _____

1. Status (Select all that apply): 62 years or older Disabled Male Female

2. Is anyone in your household a Veteran? Yes No

3. Head of Household: Are you the head of household? Yes No

4. If you are not the head of household, is the head of household female? Yes No

INCOME is defined as the total annual gross income of all family and non-family members 18+ years old living within the household. All sources of income must be counted from all persons in the household based on anticipated income expected within the next 12 months.

5. Please circle your household size (Column A) on the chart below. Then, check your annual household income range (Column B.) based on your household size:

A. Household Size	B. Total Household Income		
	0-30%	31-50%	51-80%
1	<input type="checkbox"/> 0 - \$13,900	<input type="checkbox"/> \$13,901 - \$23,150	<input type="checkbox"/> \$23,151 - \$37,050
2	<input type="checkbox"/> 0 - \$17,240	<input type="checkbox"/> \$23,151 - \$26,450	<input type="checkbox"/> \$37,051 - \$42,350
3	<input type="checkbox"/> 0 - \$21,720	<input type="checkbox"/> \$26,451 - \$29,750	<input type="checkbox"/> \$42,351 - \$47,650
4	<input type="checkbox"/> 0 - \$26,200	<input type="checkbox"/> \$29,751 - \$33,050	<input type="checkbox"/> \$47,651 - \$52,900
5	<input type="checkbox"/> 0 - \$30,680	<input type="checkbox"/> \$33,051 - \$35,700	<input type="checkbox"/> \$52,901 - \$57,150
6	<input type="checkbox"/> 0 - \$35,160	<input type="checkbox"/> \$35,701 - \$38,350	<input type="checkbox"/> \$57,151 - \$61,400
7	<input type="checkbox"/> 0 - \$39,640	<input type="checkbox"/> \$38,351 - \$41,000	<input type="checkbox"/> \$61,401 - \$65,600
8	<input type="checkbox"/> 0 - \$43,650	<input type="checkbox"/> \$41,001 - \$43,650	<input type="checkbox"/> \$65,601 - \$69,850

My annual household income is above the amounts listed on the table.

My total household income is _____



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6. Please enter annual income for each household member 18 years of age and older.

ANTICIPATED ANNUAL HOUSEHOLD INCOME				
Full Name	Wages/Salary	Benefits/Pension	Public Assistance	Other Income

Source income documents are required to determine household eligibility for the program. These documents may include: Prior year tax return, copies of wages statements, copy of Medicaid card, etc.

7. Hispanic Ethnicity? Yes No
If either "Yes" or "No" is select above, you must also select a race below.

8. Race (Must check only one):

- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black/African American
- Other/Multi-Racial: _____
- Asian
- Asian & White
- White
- Black/African American
- Black/African American & White

9. Please list anyone in your household that is living in your household. This may be adults or children. Only list household members.

ADULTS OR CHILDREN LIVING IN THE HOUSEHOLD				
Full Name	Age	Gender	Hispanic (Y/N)	Race



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Applicant Certification:

I certify that the information provided on this form is accurate and complete, and that I am a resident of the City of Greensboro. I further acknowledge that eligibility for services funded through the CDBG program is based upon having a qualifying annual family income level, and that the income level and/or status I have indicated in this self-certification is subject to further verification by the agency providing services, the City of Greensboro and/or HUD. **The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.**

I therefore authorize such certification and will provide documentation of all income sources upon request.

Applicant's Signature: _____

Date: _____

Staff Name (please print): _____

Date: _____

Staff Signature: _____