

The Salvation Army Emergency Rent Assistance Program (or mortgage) for individuals or households.

Eligibility:

The client must be:

A resident of Rowan County, NC

And meet the following conditions:

- a.) Financial assistance to cover rent where payment is in arrears or due within 10 calendar days.
- b.) The client is a
 - 1) Resident of the home or apartment
 - 2) responsible for the rent on the home or apartment where the rent assistance is to be paid as dictated by the lease agreement.
- c.) Payment is limited to a maximum of one month's assistance for each individual or household.
- d.) Payment guarantees and additional 30 days service

Late fees, court fees and deposits are not eligible.

How To Apply:

Please provide the following to advance your case to review:

- Completed and signed Application
- Copy of your ID
- Copies of proof of income (paystubs, government benefits award letters, Unemployment letter, Pandemic unemployment, SNAP letter, etc.)
- Copies of proof of expenses (electric bill, cable, car payment, water, etc.)
- Copy of your lease agreement



EMERGENCY RENT/MORTGAGE ASSISTANCE PROGRAMS

Name: _____ Date: _____

Address: _____

Phone: _____ E-mail address: _____

Landlord: _____ Landlord contact number: _____

Family Information:

List everyone including yourself who lives in your house.

First & Last Name	Relation	Date of Birth	Race	Sex	Age

Income Information

List everyone who is working and complete the following information.

Name of person working	Employer's Name	# hours worked	Pay Rate	How often paid?

Are you receiving food stamps or SNAP?	YES	NO	
Did Rowan Helping Ministries promise to help, in part, on this past due?	YES	NO	NOT APPLIED
Did DSS promise to help, in part, on this past due rent?	YES	NO	NOT APPLIED

MONTHLY HOUSEHOLD INCOME

Client's Wages \$ _____
 Spouse's Wage \$ _____
 Unemployment \$ _____
 Worker's Comp. \$ _____
 Retirement \$ _____
 Pension \$ _____
 Disability \$ _____
 Social Security \$ _____
 SSI \$ _____
 WFFA \$ _____
 Child Support \$ _____
 Other Income \$ _____
Total Income \$ _____
 Foodstamps \$ _____
 Wic Yes No

MONTHLY HOUSEHOLD EXPENSES

Housing
 Rent \$ _____
 Lot Rent \$ _____
 Mortgage \$ _____
Utilities
 Electric \$ _____
 Fuel/Kerosene \$ _____
 Natural Gas \$ _____
 Telephone \$ _____
 Cell Phone \$ _____
 Water \$ _____
 Cable TV \$ _____
 Satellite TV \$ _____
 Internet \$ _____
Transportation
 Car Payment \$ _____
 Car Insurance \$ _____
 Gasoline \$ _____
 Bus/Cab Fare \$ _____
Family Care
 Medical \$ _____
 Health Ins. \$ _____
 Life Insurance \$ _____
 Child Support \$ _____
 Child Care \$ _____
 Clothing \$ _____
 Laundry \$ _____
 Loans \$ _____
 Credit Cards \$ _____
 Food \$ _____
 Cigarettes \$ _____
TOTAL \$ _____

Interviewed by: _____ Date: _____

Release of Information: I hereby give my permission for The Salvation Army to share my information about my current situation with other local assistance organizations or church organizations in any effort to obtain assistance for me. I also give my permission for them to discuss my emergency needs with regard to housing, utilities, or medicine as may be necessary. I understand that I may revoke this consent at any time unless action may have already been taken. The Salvation Army reserves the right to refuse services to anyone under or appearing to be under the influence of alcohol and/or drugs. The Salvation Army also reserves the right to refuse services to persons who display a rude and/or threatening behavior while attempting to obtain assistance, or to any person who gives false, fraudulent or misleading information to the agency for the purpose of obtaining assistance.

Client Signature: _____ Date: _____

Emergency Assistance Program
Consent to Release Information

It is the policy of The Salvation Army to respect the client's right to privacy. All information obtained during the casework interview is confidential. However, in order to serve the client, information must be verified and shared. Any agency with which this information is shared must also respect the client's right to privacy and maintain the information in a confidential manner.

I _____ authorize The Salvation Army and it's social services staff to release and/or request information, which is necessary for the approval or denial of my application for assistance.

I understand that in order to assess my need for assistance, The Salvation Army will require verification of income from all sources listed on my application. I further understand all expenses listed on my application will be verified.

In addition to verification of income and expense, I authorize The Salvation Army to contact and share any information with other local social services agencies, which may be able to assist in meeting my need. These agencies are listed below and it is understood that any information shared will be for the sole purpose of assisting me and will not be used for any other reason.

I understand that this consent can be revoked by me at any time prior to any action taken on my behalf the by processing of my application. Revocation of this consent must be in writing. This action will automatically withdraw my application for assistance and may be terminated as a client of The Salvation Army Emergency Assistance Program.

I verify that all information provided by me is true and correct and if found to be false or incorrect, I forfeit any further consideration for assistance.

Social Service with whom information may be shared:

1. Rowan DSS
2. Community Service Council
3. Rowan Helping Ministries
4. American Red Cross
5. Communities in School
6. Rowan Information and Referral
7. Local Area Churches
8. Rowan County United Way
9. Kannapolis Christian Ministries
10. Cooperative Christian Ministries
11. Any Rowan County Agency

This consent is valid from _____ to _____ 12/30/2022

Applicants Signature: _____ Date: _____

Social Workers Signature: _____ Date: _____



DOING THE MOST GOOD

The Salvation Army Client Management System Software Release Form
Client Privacy Notice & Consent (Southern Territory)

NOTICE:

In order to provide and/or coordinate services for you and your family, we collect personal information directly from you. We may be required to collect some personal information by law or by organizations that provide funds for this program. Other personal information we collect is important to manage our programs, to improve services, and to better understand the needs of those we serve. We only collect information we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Confidentiality and Protection of Personal Privacy policy (Minute 058B) is available to you upon request.

Information collected from you will be entered and stored in a closed and secure electronic client management system. Only Salvation Army personnel with access to the system and staff at the company that maintains the system can access your data. Other agencies do not have access to the system and your information is only shared with them with your permission.

YOUR RIGHTS:

You have the right to a copy of the information about you in The Salvation Army Client Management System as outlined in the Confidentiality and Protection of Personal Privacy policy. You have the right to correct any mistakes in our information about you.

If you have a complaint about the performance of any Salvation Army staff member, intern or volunteer, or feel treated unfairly in any way, grievances may be formally filed by making an appointment to speak with or by submitting a written complaint to The Salvation Army Director at the location you are being served.

If you ever want to withdraw consent, please do so in writing and submit to your Salvation Army case manager or Director at the location you are being served.

SIGNED CONSENT

Each adult, emancipated minor or unaccompanied youth must sign for themselves. A parent/guardian should sign for children under the age of 18.

My signature shows I permit you to enter my personal information into The Salvation Army Client Management System:

Print Name- Client, Date of Birth, Signature of Client or Guardian, Date Signed, Signature of Witness, Date Signed. Note: Release expires 1 year after being signed

If Applicable, Dependent Children under 18:

Print Name, Date of Birth, Print Name, Date of Birth (two sets)

If Applicable, Other Adults in the Home over the age of 18:

Print Name, Date of Birth, Signature, Print Name, Date of Birth, Signature