



Financial Assistance Application

Today's date ____ / ____ / ____ # people in household ____ L2F# (if known) _____

Applicant name _____ Phone # ____ - ____ - ____

Applicant address _____
Street Address City State Zip Code

1. Why do you need SACA to pay and why are you unable to pay right now?

2. Has your household income gone down because of Covid-19? Yes No

3. What type of help do you need? (✓ all that apply):

Gas/Diesel – Name of car insurance company _____

Policy # _____ expiration date ____ / ____ / ____ Driver's License # _____

Bus Ticket (Cherriots)

Medical/Dental

Propane –Tank Size(s) _____

Electricity (PGE) – Is your electricity disconnected? Yes No Don't know

Do you have a PGE Time Payment Agreement? Yes No Don't know

Natural Gas (NW Natural) – Is your gas disconnected? Yes No Don't know

Water/Sewer – Is your water or sewer disconnected? Yes No Don't know

Rent/Mortgage – Do you have a 72 hour notice? Yes No Don't know

Are you currently unhoused? Yes No

4. Whose name is on the bill(s): _____

5. Which other agencies have you reached out to for help? _____

Applicant Signature

Date

Monthly Household Income Worksheet

Person #1 Name _____

Type of Income	Amount	Monthly	Every 2 Weeks	Weekly
Job #1	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job #2	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSI/Retirement	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SNAP/Food Stamps	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Assistance	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSDI	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust Fund	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster Income	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Income	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Person #2 Name _____

Type of Income	Amount	Monthly	Every 2 Weeks	Weekly
Job #1	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job #2	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSI/Retirement	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SNAP/Food Stamps	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Assistance	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSDI	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust Fund	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster Income	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Income	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Monthly Household Budget Worksheet

What is your plan for paying next time? How can we help you with that plan?

How much do you spend each month for: (estimates are ok)

Food	\$
Rent/Mortgage	\$
Electricity	\$
Water/Sewer	\$
Natural Gas	\$
Phone	\$
Internet	\$
TV/Cable	\$
Gas/Diesel/Propane	\$
Car Insurance	\$
Car Loan	\$
Other Loans	\$
Credit Cards	\$
Health Insurance	\$
Health Care	\$
Child Care	\$
Household Items	\$
Other Expenses	\$

TOTAL **\$** _____

SACA Staff Use Only	Date ____ / ____ / ____	Staff Initials _____
Notes: _____		

Release of Information

Please fill out this form so SACA staff can confirm details of your request for financial assistance with prescriptions, transportation, housing, PGE, NW Natural, City of Silverton, or other utility. If you need assistance with more than one, please fill out a separate release for each.

If you are requesting assistance with propane, you do not need to complete this page.

Primary Contact Name _____ Phone # _____ L2F# _____
First Middle Last

I give Silverton Area Community Aid (SACA) permission to contact the following person or company to gather and exchange information for case management and service provision purposes:
Name of person or company _____
Phone _____

This release of information is valid until (✓ one):
 December 31, 2022 The following date: ____/____/____

For Prescriptions: Name _____ Date of Birth ____/____/____

Medication Name	Dosage

Do you need gas to get to an appointment? Yes No

Appointment Date ____/____/____ Appointment Time _____
Name _____ Date of Birth ____/____/____

Do you need gas to get to work or a job interview? Yes No

I understand that Silverton Area Community Aid cannot guarantee information will not be disclosed if the information is released to an organization subject to Federal and State laws within the Mandated Reporter Guidelines as defined by Oregon Revised Statutes.

Term: I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance upon it. I understand that I may refuse to sign this authorization and that refusal to sign this authorization may affect SACA's ability to coordinate and obtain services.

If this release is for a minor, I affirm that I am the parent or legal guardian of the person for whom this release has been completed.

I have read and understand the terms of this authorization. I have had an opportunity to ask questions about the use and exchange of my information. By signing below, I knowingly and voluntarily authorize SACA to use or exchange my information in the manner described above.

_____ **Applicant Signature**

_____ **Date**