

Financial Assistance Application

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1:-+ -11 -+	Street Address		State	Zip Code
ease list all <u>otner</u> peop	le in the household:	-		
lame Age		Name		Age
What type of help do y			l Dat	- 1 1
Bus Ticket (Cherriots)	Date <u>/ /</u> □	Date <u>/ /</u>	Dat	te <u>/ /</u>
Gas/Diesel	☐ Tank Size			Tank Size
Propane	☐ Tank Size	☐ Tank Size		Tank Size Tank Size
Rent/Mortgage	☐ Tank Size	☐ Tank Size		dik size
electricity (PGE)				
latural Gas (NW Natural)				
Vater/Sewer	/			
Medical/Dental				
Other				
Which other agencies	have you reached out	to for help?		
ACA Staff Use Only Notes:	Date/	1	Staff Init	cials

Monthly Household Income Worksheet

Person #1 Name _____

	Date//		Date//		Date//	
Type of Income	Amount	How often?	Amount	How often?	Amount	How often?
Job #1	\$		\$		\$	
Job #2	\$		\$		\$	
Unemployment	\$		\$		\$	
SSI/Retirement	\$		\$		\$	
SNAP/Food Stamps	\$		\$		\$	
Housing Assistance	\$		\$		\$	
Child Support	\$		\$		\$	
TANF	\$		\$		\$	
SSDI	\$		\$		\$	
Trust Fund	\$		\$		\$	
Foster Income	\$		\$		\$	
Other Income	\$		\$		\$	
WIC	□ Yes □ N	0	□ Yes □ N	0	□ Yes □ N	0

Person #2 Name						
	Date//		Date//		Date <u>/ /</u>	
Type of Income	Amount	How often?	Amount	How often?	Amount	How often?
Job #1	\$		\$		\$	
Job #2	\$		\$		\$	
Unemployment	\$		\$		\$	
SSI/Retirement	\$		\$		\$	
SNAP/Food Stamps	\$		\$		\$	
Housing Assistance	\$		\$		\$	
Child Support	\$		\$		\$	
TANF	\$		\$		\$	
SSDI	\$		\$		\$	
Trust Fund	\$		\$		\$	
Foster Income	\$		\$		\$	
Other Income	\$		\$		\$	
WIC	□ Yes	□ No	□ Yes	□ No	□ Yes	□ No
Total income	\$	_/	\$	_/	\$	/

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Monthly Household Budget Worksheet

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

	Date//	Date//	Date//
Category	Amount	Amount	Amount
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	\$	\$	\$
Medical/Dental	\$	\$	\$
Child Care	\$	\$	\$
Household Items	\$	\$	\$
Other Expenses (Things to consider: alcohol, cigarettes, entertainment, gambling, school, etc.)	\$	\$	\$

TOTAL	t (t (ŧ
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SACA Staff Use Only Notes:	Date	 	Staff Initials

Release of Information

This Release of Information (ROI) will give SACA permission to talk to the people or business that needs to be paid for services provided to you. Please fill out this form so SACA staff can confirm details of your request for financial assistance. If you need help paying for more than one bill, please fill out a separate ROI for bill.

If you are requesting assistance with propane, you do not need to complete this page. _____ Phone # ____-__ L2F# _____ Primary Contact Name _____ Middle First 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 ______ This release of information is valid until December 31, 2023 <u>unless you write in another date:</u> ☐ The following date: _____/____ Name ______ Date of Birth _____/ For Prescriptions: **Medication Name** Dosage **Do you need gas to get to work or a job interview?** □ Yes □ No For gas vouchers: **Do you need gas to get to an appointment?** \square Yes \square No Appointment Date _____/____ Appointment Time _____ 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