



CFH Senior/Adults with Disabilities Emergency Assistance Program Application

Referral Source

CONTACT INFORMATION:

Last Name: _____ First Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 E-mail Address: _____

Applicant Year of Birth: _____ Ethnicity _____
 Female-headed Household? YES Unemployed workers in household wanting work? YES

PLEASE PLACE A CHECK MARK NEXT TO THE TYPE OF ASSISTANCE REQUESTED:

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Housing Emergency | <input type="checkbox"/> Rent | <input type="checkbox"/> Medical Bills/Equipment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Temporary Lodging | <input type="checkbox"/> Mortgage | <input type="checkbox"/> Specialty Transport | <input type="checkbox"/> |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Utilities: Gas _____ | <input type="checkbox"/> Other | <input type="checkbox"/> |
| <input type="checkbox"/> Deposit _____ | <input type="checkbox"/> Electric <input type="checkbox"/> Water _____ | | |

How much is needed?

When are funds needed?

Does Applicant receive any of the following:

TANF SSI EBT MEDICAID

Check if Applicant has a disability Number of other household members with disabilities _____

Total in Household _____ # of household members under 18 _____

Circle your annual gross income for household size

	1	2	3	4	5	6	7	8
30% LIMITS EXTREMELY LOW INCOME	29900	34200	38450	42700	46150	49550	52950	56400
VERY LOW INCOME	49850	56950	64050	71150	76850	82550	88250	93950
60% LIMITS	59820	68340	76860	85380	92220	99060	105900	112740
LOW INCOME	63000	72000	81000	90000	97200	104400	111600	118800

Please list ANY other assistance you get or may receive related to this request. (Red Cross, Salvation Army, food pantry, friends/family, etc.)

STAFF NOTES:

Full Approval _____

Partial Funding _____

Denied _____

More information needed _____



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EXAMPLES ELIGIBLE FOR ASSISTANCE:

1. Home Catastrophe or Natural Disaster

- Applicants personal residence destroyed or rendered unlivable by a natural or localized disaster (hurricane, fire, flood, tornado, mudslide, etc.).
- **Possible Required Documentation:** Photograph of damaged residence; insurance claim; fire, police, or insurance report; lodging and unexpected expense receipts/bills; repair estimates; furniture replacement bills; relocation cost invoices; etc.
- **Items that Will Not be Considered:** Non-necessities such as electronics, boats, and recreation vehicles; or down payments on new/used cars.

2. Medical Emergency

- Applicants with financial hardships for medical reasons beyond their control (illness, injury, etc.).
- **Possible Required Documentation:** Documentation and invoice for equipment

3. Financial Emergency

- **Possible Documentation:** landlord verification letter or statement; mortgage statement; utility bills; medical bills; invoices, etc.
- **Items that Will Not be Considered:** Phone bills; cable/internet bills; credit card debt; other elective bills; bills related to routine vehicle repairs; child support; expenses resulting from divorce or separation; attorney fees; or garnishments of an employee's paycheck due to past debt.

PRINT NAME

DATE _____

***Mail, fax, email or hand deliver completed application to CFH
18139 TRIANGLE SHOPPING PLAZA, SUITE 209
Fax: (703) 221-3708 OR EMAIL: info@cfh.org***

NOTE: For all approved requests, CFH will make check(s) payable to the organizations/vendors whose services applicants require or have utilized (mortgage company, utility company, hotel, etc.).

**IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED,
YOU MUST ATTACH REQUESTED DOCUMENTATION.**