

**Services Are Available For Residents of Greer, Taylors, Duncan, Lyman, & Wellford**

**Include the following information:**

- Picture ID
- Proof Of Current Address, if it is not on your ID
- Social Security Card OR Birth Certificate for all household members
- Last 30 days of Income Sources (Pay Check Stub, Child Support Papers, etc)
- Department Of Social Services Printout
- Utility Bill and Disconnect Notice / Completed Landlord letter
- Emergency Information: the reason you need help from Greer Relief: receipts from medical expenses / car repairs, etc.

**Para recibir servicios Ud. tiene que traer lo siguiente:**

- Identificación con foto
- Prueba de su dirección, si no está en su ID
- Tarjeta de S.S. o Taxas ID por cada persona en la casa
- Documentación de ingresos mensuales, talones de cheques, etc.
- Historia de Servicios Sociales, si le aplica a Ud.
- Factura de servicio publico y Aviso de Desconexión/ Forma que debe ser completada por el propietario (rentero)
- Información de emergencia – La razón que Ud. está pidiendo ayuda de Greer Relief: recibos de gastos médicos / reparación de auto, etc..

I do hereby apply for assistance from Greer Relief as requested herein and certify that the information provided is true and accurate to the best of my knowledge. I understand that qualification for services is based on preset guidelines and request a determination of whether I meet or do not meet those guidelines. I understand that Greer Relief does not discriminate on the basis of race, age, gender, creed, national origin or other discriminatory measure in making these determinations or the provision of services. **I further understand that the providing of fraudulent, false or misleading information may result in the denial of services even if the guidelines are met.** I hereby authorize Greer Relief to release my name & other information relating to me to other agencies, organizations, and/or companies in order to obtain any assistance that might further help me. Furthermore, I authorize Greer Relief to input my name and other information into the Charity Tracker shared database to check my records and service history against those of other organizations.

**Firma** Signed \_\_\_\_\_ **Fecha** Date \_\_\_\_\_

**Nombre** Name \_\_\_\_\_

**Numero de teléfono** Phone # \_\_\_\_\_ hm / cell / work / \_\_\_\_\_

**Dirección** Street Address \_\_\_\_\_

**Nombre de Apartamento** Apartment Complex Name \_\_\_\_\_

**Ciudad, Estado, Código Postal** City, State, & Zip \_\_\_\_\_

**Condado** County: GREENVILLE SPARTANBURG OTHER

**Cuántos personas están en su casa?** Adults \_\_\_\_\_ Niños \_\_\_\_\_  
How many people are in your home? Adults \_\_\_\_\_ Children \_\_\_\_\_

**Correo Electrónico** Email: \_\_\_\_\_

**Estado Marital** Casado Divorciado Viuda Soltera Separada Unión Libre  
**Marital Status:** Married Divorced Widowed Single Separated Live-in

**RACE**

AI - American Indian / Alaska Native	H - Hispanic/Latino
A - Asian	NH/PI - Native Hawaiian / Pacific Islander
Bi - Bi-Racial	C - White / Caucasian
AA - Black / African American	Multi - Multi-racial: list all that apply above
	O - Other

**Es mujer la cabeza del hogar?** Yes \_\_\_\_\_ No \_\_\_\_\_



**Please list everyone including yourself living in your home:**

	Nombre Name	Relación a Ud. Relationship	Sexo Gender M/F	Raza Race	Fecha de nacimiento Birth Date	Seguro social o tax ID Last 4 of SS#	Discapacitado? Como? Disabled? How?	Veterano? Veteran?
1		self					No Yes, How?	No Yes
2							No Yes, How?	No Yes
3							No Yes, How?	No Yes
4							No Yes, How?	No Yes
5							No Yes, How?	No Yes
6							No Yes, How?	No Yes
7							No Yes, How?	No Yes

Necesito ayuda con: *Servicio Publico* *Renta* *Comida* *Ropa* *Otra*

I need help with: Utility Rent Food Clothing Other \_\_\_\_\_

Cuál es su emergencia? (explique su situación)

What is your emergency? / Why do you need Greer Relief? \_\_\_\_\_

Otra agencia le ha ayudado este mes?

Has another agency helped you in the last 30 days? Yes No

Si sí, quién y con qué?

If yes, who AND with what? \_\_\_\_\_

Employed / Un-Employed? <i>Donde?</i> YES, I have a job. Where?	NO: Unemployment Compensation?		<i>Quien?</i> Who?	<i>Cuanto tiempo?</i> How long?	<i>Cuanto le pagan?</i> How much?	<i>Cada cuando?</i> Paid
	Yes	No				
	Yes	No			\$	Weekly Monthly Other
	Yes	No			\$	Weekly Monthly Other
	Yes	No			\$	Weekly Monthly Other

**HOUSEHOLD MONTHLY INCOME**

Employment \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Retirement \$ \_\_\_\_\_

SSI \$ \_\_\_\_\_

SS \$ \_\_\_\_\_

SS Disability \$ \_\_\_\_\_

VA \$ \_\_\_\_\_

AFDC \$ \_\_\_\_\_

Utility check \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

**HOUSEHOLD**

Food Stamps: \$ \_\_\_\_\_

WIC Yes No

Medicaid Yes No

Medicare Yes No

Section 8 Yes No

My home is:

an apartment  a house  a room

a trailer  other: \_\_\_\_\_

own  buying  renting

I have reliable transportation Yes No

Car Make & Model: \_\_\_\_\_

Total Owed on Credit Cards \$ \_\_\_\_\_

Monthly Credit Card Payment \$ \_\_\_\_\_

**HOUSEHOLD MONTHLY EXPENSES**

Housing \$ \_\_\_\_\_

Power \$ \_\_\_\_\_

Heat \$ \_\_\_\_\_

Water & Sewer \$ \_\_\_\_\_

Home Phone \$ \_\_\_\_\_

Cell Phone \$ \_\_\_\_\_

Cable/Satellite \$ \_\_\_\_\_

Car Payment \$ \_\_\_\_\_

Car Insurance \$ \_\_\_\_\_

Child care \$ \_\_\_\_\_

Child support \$ \_\_\_\_\_

Loan \$ \_\_\_\_\_

Groceries \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

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**Office Use Only:**

Initial \_\_\_\_\_

Review \_\_\_\_\_