

Safety Net Assistance is 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

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 assistance 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 assistance. **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 case 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?
How many people are in your home? *Adultos* *Niños*
Adults Children

Correo Electrónico
Email: _____

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

Es mujer la cabeza del hogar?
Is this a female headed household? Yes No

RACE

AI - American Indian / Alaska Native A - Asian Bi - Bi-Racial AA - Black / African American	H - Hispanic/Latino NH/PI - Native Hawaiian / Pacific Islander C - White / Caucasian Multi - Multi-racial: list all that apply above O - Other
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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?	Servicio militar? Military Service?
1	self					No Yes. How?	No Vet Reserve Active
2						No Yes. How?	No Vet Reserve Active
3						No Yes. How?	No Vet Reserve Active
4						No Yes. How?	No Vet Reserve Active
5						No Yes. How?	No Vet Reserve Active
6						No Yes. How?	No Vet Reserve Active
7						No Yes. How?	No Vet Reserve Active

Application for Assistance

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)

Otra agencia le ha ayudado este ano?

Has another agency helped you this year? **Yes** **No**

Si si, quién y con qué?

If yes, who AND with what? _____

Employed / Un-Employed? <small>Donde?</small> YES, I have a job. Where?	NO: Unemployment Compensation?	Quien? Who?	Cuanto tiempo? How long?	Cuanto le pagan? How much?	Cada cuando? Paid
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: _____

Housing: 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 \$ _____

Phone \$ _____

Internet/TV Service \$ _____

Car Payment \$ _____

Car Insurance \$ _____

Gasoline \$ _____

Child care / Support \$ _____

Loan \$ _____

Groceries / Toiletries \$ _____

Tobacco \$ _____

Other: \$ _____

TOTAL \$ _____

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Application:

Initial _____

Review _____

Emergency situation? _____
