

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 Tax ID for all household members
- At least last 30 days of Income Sources (Pay Check, Child Support, etc)
- Department Of Social Services Printout
- Utility Bill(s) (Disconnect Notice, if applies) / 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? **Adultos** **Niños**
How many people are in your home? Adults Children

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

Correo Electrónico
Email: _____

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

Servicio militar? No Yes If yes **Reserve** or **Active**
Military Service?

RACE

<p>AI - American Indian / Alaska Native</p> <p>A - Asian</p> <p>Bi - Bi-Racial</p> <p>AA - Black / African American</p>	<p>H - Hispanic/Latino</p> <p>NH/PI - Native Hawaiian / Pacific Islander</p> <p>C - White / Caucasian</p> <p>Multi - Multi-racial: list all that apply above</p> <p>O - Other</p>
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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#	Discapitado? Como? Disabled? How?	School?
1	self					No Yes, How?	
2						No Yes, How?	
3						No Yes, How?	
4						No Yes, How?	
5						No Yes, How?	
6						No Yes, How?	
7						No Yes, How?	

Application for Assistance

Necesito ayuda con: Servicio Publico Renta Comida Otra
I need help with: Utility Rent Food Other _____

Otra agencia le ha ayudado este ano? Yes No Si si, quién y con qué?
Has another agency helped you this year? Yes No **If yes, who AND with what?** _____

Employed / Un-Employed?	YES	NO	Cuanto tiempo? How long?	Cuanto le pagan? How much?	Cada cuando? Paid
Nombre: Name:	Quien? Company:	Unemployment Compensation?			
	Yes No	Yes No		\$	Weekly Monthly Other
	Yes No	Yes No		\$	Weekly Monthly Other
	Yes No	Yes No		\$	Weekly Monthly Other

HOUSEHOLD MONTHLY INCOME

Employment \$ _____
 Child Support \$ _____
 Unemployment \$ _____
 Retirement \$ _____
 SSI \$ _____
 SS \$ _____
 SS Disability \$ _____
 VA \$ _____
 TANF / FI \$ _____
 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 \$ _____

Office Use Only

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Picture ID <input type="checkbox"/> Proof Of Current Address, if it is not on your ID <input type="checkbox"/> Social Security Card OR Tax ID for all household members <input type="checkbox"/> At least last 30 days of Income Sources (Pay Check, Child Support, etc) | <ul style="list-style-type: none"> <input type="checkbox"/> Department Of Social Services Printout <input type="checkbox"/> Utility Bill(s) (Disconnect Notice, if applies) / Completed Landlord letter <input type="checkbox"/> Emergency Information: the reason you need help from Greer Relief: receipts from medical expenses / car repairs, etc. |
|--|---|

Application:

Initial _____

Review _____

Emergency situation? _____
