



Email: clcmdocs@gmail.com

Intake Date _____ 1st Visit

APPLICANT INFORMATION

of Persons in Household _____

Name (Applicant): _____
FIRST MID LAST

SS # (Last 4): XXX-XX-____

Address: _____ Phone: _____ - _____

Email: _____ Apt # _____ ZIP _____
Applicant Disabled: Yes No

Birth date: ____ / ____ / _____ Race: _____ Ethnicity: Hispanic/Non-Hispanic Gender: _____

Dietary Restrictions in the Household _____ # of Veterans in Household: _____

Documents Provided: Lease Ledger/Stmt. Soc. Sec. Award Letter PVA Record Check Utility Bill Driver's License

PERSONS IN HOUSEHOLD OTHER THAN APPLICANT

	Name: (other than applicant living in house)	Gender	Race & ethnicity	Last 4 of SS#	DOB	Disabled?	Relationship
2							
3							
4							
5							
6							
7							

HOUSEHOLD INCOME INFO

Total Household Income for last 30 days: \$ _____ Source(s) of income: _____

(For example: Wages/Unemployment/SSID/Disability/Social Security/Child Support/KTAP)

Other Assistance: Food Stamps/SNAP Section 8 Subsidized Housing Medicaid Medicare

RELEASE STATEMENT

By signing below, I agree that I am applying on behalf of all my household's members for assistance from Central Louisville Community Ministries. I understand that this application is not a guarantee that I or my household will receive any benefits.

I understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from consideration for participation in the assistance program and may be grounds for termination of assistance. I understand that the receipt of assistance from this Program(s) through misrepresentation is punishable by fine or imprisonment.

I authorize CLCM to release this information and any additional information updating what is on this form, to other financial assistance agencies and churches in order to receive assistance. I authorize CLCM to contact the Louisville Water Company, Louisville Gas & Electric Company and / or any rental or mortgage persons or institutions to access information on my account as required for financial assistance. I understand that I have the right to amend, correct, or delete any of this information at any time. I also give further permission for CLCM to share demographic information with grantors for future funding.

I hereby certify all information given on this declaration is true and correct, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. I hereby authorize inquiries to be made to verify the information given in this declaration and for the Office of Resilience and Community Services, LG&E, Louisville Water Company, and Ministries to share my information with each entity.

I further understand that my refusal to sign this release will result in my being denied any financial assistance by CLCM.

Applicant Signature: _____ Date: _____

FINANCIAL ASSISTANCE INFORMATION

If you are requesting financial assistance with utilities and/or rent, please fill out the appropriate sections below. Filling out the application is the first step of the process and is not a guarantee of assistance.

Utilities:

Water Account #: _____ Account Holder's Name: _____

Are you disconnected? _____ Do you have a past due balance? _____ Do you have a payment plan? _____

LG&E Account #: _____ Account Holder's Name: _____

Are you disconnected? _____ Do you have a past due balance? _____ Do you have a payment plan? _____

Rent:

Landlord Name: _____ Landlord Phone: (____) _____ - _____

Landlord Email: _____

For what months do you owe rent? : _____ Total owed? _____ How much can you contribute? _____

What financial hardships has your household experienced: _____

We know this is a lot. Having all this information helps us help more of our neighbors—thank you!