

**STEP
BY_ STEP**

Crisis Care Program

Financial Assistance Application

Date: _____

Full Name: _____

SSN (or DACA#): _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Please list the full names and dates of birth for any other household members.

Name	DOB

Name	DOB

Current Sources of Income and Amount (Per Month) for all Household Members:

Wages:	Unemployment:
KTAP:	Child Support:
SSDI:	Other:

Need Type: _____ Housing _____ Utilities _____ Transportation

Amount Requested: _____

Note: Maximum amount of assistance per individual within a 12-month period is \$1,500.

Check Payable to (Full Name and Mailing Address): _____

Please provide a copy of the bill or lease.

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Describe the reason you need assistance with this bill.

What have you done already to try to solve this problem?

What are you doing or planning to do going forward to continue problem-solving and prevent this from happening again next month?

Are you working with any other agencies to receive assistance? If so, who? List agencies, contacts and numbers.

Crisis Care Program

Financial Assistance Application

Authorization and Consent:

I hereby authorize Step By Step permission to contact any utility companies, landlords, social work agencies and/or churches to obtain (and/or share) information that will be helpful in addressing the needs outlined in this application. I agree to the following:

- I am an active participant at Step By Step.
- I will meet with the SBS Crisis Care Coordinator to complete a budget worksheet and prevention plan within the next 2 weeks.
- I will complete the Financial Literacy Education requirements.

The information listed in this document is true.

Signature

Date

Additional Documentation Required:

- Photo ID
- Income verification
- For Rent/Housing:
 - Dated and signed copy of lease agreement **OR** landlord letter (dated and signed by landlord) with the client's name, address, the move in date and monthly rent **OR** Rent/Mortgage Verification Form (completed and signed by landlord)
 - IRS Form W-9 (must be completed and signed by landlord)
- For all other bills
 - Copy of bill, including company name and address for payment, and full amount owed
- Budget Worksheet

For SBS Staff Use Only:

FINAL DECISION:

Approved

Denied

Signature of Staff Member

Date