

**List ONLY Children Living With You:
(18 years or younger)**

Social Security Number	Last Name	First Name	Sex	Date of Birth	Age

List All Other Adults (Besides Spouse/Companion) Living in This Household, Including Children Over 18

Soc. Security #	Last Name	First Name	Middle Name	Sex	Date of Birth	Employer	Income

AUTHORIZATION TO RELEASE INFORMATION

I understand that ADFAC maintains an Anderson County clearinghouse database that collects information about persons seeking assistance and distributes such information to other social service agencies and churches. I authorize ADFAC to share information about my household with these agencies and churches.

I also understand that in order to make an informed decision about assisting my household, ADFAC may seek information about my household from landlords (present and/or past), employers (present and/or past), mental health professionals, police, and other agencies or groups that may have had contact with me or any member of my household in the past or may do so in the future. I authorize the above mentioned to release any information requested by ADFAC. I agree to waive any liability the above agencies or individuals might have for the release of such information.

I agree to waive any liability ADFAC or its agents, staff, or other representatives might have for the release of such information.

I certify that all information provided by me in this document is accurate and true to the best of my knowledge. I understand that omission or falsification of any information will result in denial of services for a minimum of one year.

Client Signature _____ Date _____

Assistance Request

Rent: Yes _____ No _____
Mortgage: Yes _____ No _____
Utilities: Yes _____ No _____

Rent/Mortgage per Month \$ _____ Amount Owed \$ _____ Eviction Date _____
 Landlord _____ Address _____ City _____ State _____ ZIP _____

Assistance is needed because: _____

EARNED HOUSEHOLD INCOME

(monthly)

Your Gross Monthly Income \$ _____

Your Employer: _____

How long there _____

Hrs/Wk _____

Hourly Wage \$ _____

Spouse/Companion Monthly Income \$ _____

Spouse/Companion Employer: _____

How long there _____

Hrs/Wk _____

Hourly Wage \$ _____

Other Gross Monthly Income \$ _____

(from employment of other \$ _____

household members) \$ _____

\$ _____

Unemployment (monthly) \$ _____

Whose _____

Worker's Comp \$ _____

Whose _____

Pension/Retirement \$ _____

Whose _____

**Supplemental Security Income
(Disability-Unearned)**

SSI (whose) \$ _____

SSI (whose) \$ _____

SSI (whose) \$ _____

Social Security-Earned \$ _____

Whose _____

Child Support Received \$ _____

Families First \$ _____

Other Earned Income \$ _____

(Add)

Total Income \$ _____

UN-EARNED HOUSEHOLD BENIFITS

(monthly)

\$ _____ Food Stamps

\$ _____ HUD

\$ _____ Utility Allowance

\$ _____ WIC

\$ _____ Child Care Subsidy

\$ _____ TNCare Value

\$ _____ Other Unearned Assets

\$ _____ Other

(Add)

\$ _____ **Total Unearned Benefits**

MONTHLY HOUSEHOLD EXPENSES

Rent/Mortgage \$ _____

Utilities: \$ _____

Electricity \$ _____

Gas Heat/Propane \$ _____

Water/Sewer \$ _____

Telephone: \$ _____

Home \$ _____

Cell \$ _____

Car Payment \$ _____

Car Insurance \$ _____

Car Repairs/Maintenance \$ _____

Gasoline \$ _____

Cab fares/rides \$ _____

Credit Card Payments \$ _____

Rent-To-Own Payments \$ _____

Pawn Shop Payments \$ _____

Check Advance Payments \$ _____

Probation/Court Cost Payments \$ _____

Other Loans: \$ _____

\$ _____

Paycheck Garnishments \$ _____

Medical/Dental Bills \$ _____

Medications (not covered by TNCare) \$ _____

Health/Life Insurance \$ _____

Real Estate Insurance \$ _____

Food (not bought with food stamps) \$ _____

Tobacco/Cigarettes \$ _____

Alcohol/Beer \$ _____

Beauty/Barber Shop \$ _____

Restaurant Meals \$ _____

Lunches/Snacks \$ _____

Gifts (birthdays, charity, church) \$ _____

Clothing \$ _____

Cosmetics/Toiletries \$ _____

Paper Products/Diapers \$ _____

Cleaning Supplies \$ _____

Pet Expenses \$ _____

Cable/Satellite/Dish/Internet \$ _____

School (Books/Supplies/Tuition/Fees) \$ _____

Child Care \$ _____

Laundromat \$ _____

Child Support Paid Out \$ _____

Other: \$ _____

\$ _____

\$ _____

\$ _____

TOTAL EXPENSES \$ _____

Value of Home (if Owned) \$ _____

Year and Make of Auto(s) _____

Other Assets _____

AID TO DISTRESSED FAMILIES OF APPALAHIAN COUNTIES (ADFAC)

Household Assistance Program

Telephone: (865) 483-6028

Email: forms@adfacs.org

Fax: (865) 483-2697

THE FOLLOWING PROOFS MUST BE PROVIDED BEFORE ADFAC WILL BE ABLE TO ASSIST YOU:

Photo ID of the client applying for assistance (driver's license, passport)

Social Security cards for EVERY household member

Proof of **ALL income and benefits received by EVERY household member including:**

Two most recent **paystubs** (if self-employed, provide tax return or signed statements from most recent employers);

Unemployment benefit letter or paystub;

Disability benefit statement from Social Security;
statement of **Child Support**;

proof of **Pension and/or Social Security Retirement benefits**;

proof of **FOOD STAMP** and **FAMILIES FIRST** benefits which *must be in the form of a letter or printout from DHS* that shows amount of benefit, members of household and income;

statement from **Section 8/HUD** that shows how much they contribute toward housing.

Every adult (including children 18+) in the household MUST have proof of employment or disability, otherwise must provide one of the following: a letter from Social Security showing *disability claim is pending; written proof of a job search; proof of full time enrollment in school. In cases of recent job loss provide copies of last paystubs and separation notice.*

FOR UTILITY ASSISTANCE: A current utility bill or statement from the utility company is required. If the bill is not in the client's name then proof of residency must also be provided. **If able to provide proof of the last 12 consecutive months of residency in Oak Ridge**, more funding may be available to assist with electric bills.

FOR RENT ASSISTANCE: Current lease is required. *Oak Ridge residents MUST prove residency for the last 12 consecutive months.*