St. Vincent Mission Inc. Crisis Relief Application

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| --- | --- | --- | --- |
| Preparer |  | Date |  |

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| --- | --- | --- | --- |
| First Name | Last Name | Age | Phone Number |
|  |  |  |  |
| Address | Lived there how long | Income Source | How Much |
|  |  |  | $ |
| Snap Benefits | $ | **Total Income** | $ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | M/F | Age | Relationship | Income Source | How Much |
|  |  |  |  |  |  |
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| --- | --- | --- | --- |
| Loss of income in the last 2 months? |  | Unexpected expense in the last 2 months? |  |
| Company you owe |  | Company Phone # |  |
| Account Number |  | Payment agreement? |  |
| Amount you owe |  | Disconnect Date |  |
| Amount already paid? |  | Amount LIHEAP paid? |  |
| Agencies Contacted |  | Amount they paid? |  |
| How much more can you pay? |  | When have we last helped you? |  |
| Do you want us to help you find a job? |  | What we need | * ID
* Last Pay Stub
* Bill & Disconnect
* Snap paper
* Proof of rental agreement/ payment
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| --- | --- | --- | --- | --- | --- |
| Monthly Expense  | Amount | Monthly Expense | Amount | Monthly Expense | Amount |
| Mortgage |  | Cable/Dish |  | Car Payment |  |
| Rent |  | Internet |  | Car Insurance |  |
| Home/Rental Ins. |  | Cell Phone |  | Gas for vehicle |  |
| Electric |  | Child Support |  | Credit Card Payments |  |
| Water |  | Child Care |  | Loans |  |
| Heat |  | Food |  | Other/Cash advance  |  |
| Home Phone |  | Personal Care |  |  |  |

|  |  |
| --- | --- |
| List any work restrictions  |  |

By signing this I agree to:

* Allowing St. Vincent Mission to share my information with other businesses and non-profits
* Do community service for the help that I receive.
* Allow St. Vincent Mission to use my picture for advertisement purposes.
* I understand that if I am found to be under the influence of any drug of alcohol I will not receive assistance on a bill and will never be allowed to apply for assistance in the future.
* I will arrive at the specified time.
* I will work hard and do anything I am asked to do. I understand that if I do not do a good job I will be asked to leave and not receive assistance.
* I will call if I cannot make it.

**Waiver and Release:** I, the Volunteer, release and forever discharge and hold harmless STVM and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my service to STVM, other than those claims which arise from or are caused by the gross negligence or willful acts of STVM. I understand and acknowledge that this Release discharges STVM from any liability or claim that I, the Volunteer, may have against STVM with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my participation volunteering for STVM, other than those claims which arise from or are caused by the gross negligence or willful acts of STVM. I also understand that STVM does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community Support Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| We will pay | $ | If they pay it down to | $ |
| Pledge Date |  | Pledge amount | $ |
| Volunteer Date |  | Hours served  |  |
| What we actually paid | $ | Check # / Confirmation # |  |

NOTES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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