



Application completed ____/____/____

**BONITA SPRINGS ASSISTANCE OFFICE, INC.
APPLICATION FOR EMERGENCY FINANCIAL ASSISTANCE**

Our mission is to provide temporary assistance to residents of Bonita Springs who have been affected by an unexpected crisis to no fault of their own. Our goal is to foster independence and self-reliance through education and bridging the financial needs of the recipient.

Please complete the following 10 pages.

Completed applications may require up to seven (7) business days for processing and does NOT guarantee that assistance will be granted. An incomplete application will not be considered for processing.

In order to be eligible for assistance an application is required to be completed by the Head of Household (income provider) and supported by proper documentation.

Your application will be processed once we have the following information:

1. Original bill(s).
2. Proof of income for **all household members** (wages, Social Security, SSI, TANF, unemployment, worker's compensation, child support, food stamps, survivor's benefits, etc.) for the past 8 weeks.
3. If you have no income, please provide a detailed explanation of how you are managing your basic living needs including housing, utilities, food, and transportation. Further explanation below.
4. If the name or address on the utility bill is different from the one on the application, please provide an explanation.
5. Social Security Cards for all household members.
6. Photo ID: Identification of head of household and/or person completing application.
7. Fax **completed application** to 239-947-4080 or email to info@bonitaassistance.org.

Note: If you are in danger of having your electricity or water service shut off, you need to work out an arrangement with your utility company. It takes several days to process this application.

In addition, the following highlighted items must be provided to complete your application for EMERGENCY FINANCIAL ASSISTANCE:

- Medical/Doctor proof of service
- Provide hospital discharge papers
- Doctor's order not to work
- Doctor's return to work order
- Disability Insurance Claim letter
- If unemployed, provide complete information of previous employment: including eight (8) final weeks of pay stubs.
- Unemployment approval/rejection letter
- If hired by new employer but have not started new job yet, provide written proof of job commitment from new employer stating: start date, number of hours you will be working weekly and rate of pay.

If you have no income, please provide a detailed explanation of how you are managing your basic living needs including housing, utilities, food, and transportation.

For Rent Assistance please provide:

- A signed letter from landlord stating dates and amounts overdue.
- A copy of current signed lease or rental agreement.

For Mortgage Payment Assistance please provide:

- A letter from lender, bank, or mortgage company showing date and amount overdue. You must contact your finance company and give them permission to speak with Bonita Springs Assistance Office.

For Electric Power Assistance (FPL) please provide:

- Last **original** past due bill containing your name and address to be retained in BSAO files. A copy will be provided to you upon request.

For Water Bill Assistance (Bonita Springs Utilities) please provide:

- Last **original** past due bill containing your name and address to be retained in BSAO files. A copy will be provided to you upon request.

Proof of CRISIS, INCLUDING PAID INVOICE. INVOICE CAN NOT BE PAID BY CREDIT CARD.

*** FAILURE TO BRING ALL THE REQUESTED DOCUMENTS WITHIN 48 HOURS WILL DELAY THE PROCESSING OF YOUR APPLICATION. FAILURE TO PROVIDE ALL THE REQUESTED DOCUMENTS WILL RESULT IN DENIAL OF YOUR REQUEST. ***



APPLICATION FOR EMERGENCY FINANCIAL ASSISTANCE
PLEASE PRINT LEGIBLY AND ANSWER ALL QUESTIONS
APPLICANT IDENTIFYING INFORMATION

Last Name

First Name

Middle Name

Day time telephone number where you can be reached: (____) _____ - _____

E-mail: _____

Sex: F M

Is there a Veteran in your household?: Yes No

WHO REFERRED YOU TO BONITA SPRINGS ASSISTANCE OFFICE? _____

Household Information: Starting with yourself, list all those living in your house.

First Name Middle Initial, Last Name	Social Security Number	Date of Birth mm/dd/yyyy	Age	Ethnicity Hispanic or Latino Not Hispanic or Latino	Race White, Asian Black African American, Multi-racial, Other	Gender F/M	Relationship to Applicant	Monthly Income*	Type of Income
1.							Self		
2.									
3.									
4.									
5.									
6.									
7.									

***You are required to provide proof of income for the past two (2) months.**

Bonita Springs Assistance Office

Financial Assistance Application

Applicant Information:

1. Are you a Homeowner or do you rent? : Owner Rent

Landlord's Name: _____ Phone number: (____) _____

Landlord Address: _____
Apt./Condo. Street City State Zip Code

2. How long have you live in Bonita Springs? :

3. Own a car? Yes | No If yes: _____ Model _____ Brand _____ Year

4. Do you or another family own or drive a second car? Yes | No

5. If yes: _____ Model _____ Brand _____ Year

6. How long have you lived in the current property? : _____

7. Current address:

_____ Apt./Condo. Street City State Zip Code County

8. Your mailing address, if different from above:

_____ Apt./Condo. Street City State Zip Code County

9. Alternative contact number: (____) _____

10. Has anyone in household received financial assistance in the last 13 months, complete information below:

_____ Name of the agency Type of help Date

_____ Name of the agency Type of help Date

11. Applicant is requesting Financial Assistance with:

<input type="checkbox"/> Water Bill	<input type="checkbox"/> Electric Bill	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Rent	<input type="checkbox"/> Other:
Due date: __/__/__	Due date: __/__/__	Due date: __/__/__	Due date: __/__/__	Due date: __/__/__
Due amount: \$_____	Due amount: \$_____	Due amount: \$_____	Due amount: \$_____	Due amount: \$_____

WHAT AMOUNT WILL YOU CONTRIBUTE TOWARD YOUR DEBT? \$\$_____

Utilities

12. Are you current on your electric bill? Yes | No
13. Are you current on your water bill? Yes | No
14. With what funds do you make your monthly utilities payment on a monthly basis?

Do any of the following situations currently apply to you (Check appropriate box below)

- Water service has been disconnected Electric service has been disconnected
 My current water bill is delinquent Electric Bill is delinquent
 I have a shut-off notice from the water company I have a shut-off notice from the electric company
 None of the above currently apply to my household

Housing

15. How much is your monthly rent/mortgage: \$_____ Are you current: Yes | No
16. Are you in foreclosure or being evicted at this time? Yes | No
17. Do you receive Section 8 or Rental Assistance? Yes | No
18. With what funds do you make your rent/mortgage payment on a monthly basis?

19. Does the applicant have an arrangement or commitment with the company or landlord in order to keep the service while seeking for assistance? : Yes No If yes, please describe:

Food

20. Do you receive Food Stamps? Yes | No
21. If yes, amount of Food Stamp for household benefit \$_____.
22. If you do not get Food Stamps, how do you get food? _____
23. How many disabled persons live with you (including yourself, if applicable):

24. Applicant working? Yes No If yes, how long? _____ Disable: Yes No

25. If unemployed: When was the last month and year that you worked: _____

26. Are you currently looking for a job? Yes No 27. Have you already applied? Yes No

28. Name of the Employer: _____ 29. Supervisor: _____

30. Work Address: _____ 31. Work phone number: _____

32. Part time Full Time 33. Number of hours per week?: _____

34. Work schedule: From ____:____ to ____:____ 35. Rate of pay: \$____ per ____ (Hr/Day/Week)

36. Pay schedule: Weekly Bi-Weekly Monthly

37. Days of the week I work: Sun Mon Tue Wed Thu Fri Sat

38. Do you have a second job? Yes No 39. If yes, how long? _____

40. Name of Employer: _____ 41. Supervisor: _____

42. Address: _____ 43. Work phone number: _____

44. Part time Full Time 45. Number of hours per week: _____

46. Work schedule: From ____:____ to ____:____ Rate of pay: \$____ per ____ (Hr/Day/Week)

47. Days of the week I work: Sun Mon Tue Wed Thu Fri Sat

48. Loss of Income

1. Date employment ended: ____/____/____

Reason for termination: _____

2. Is the loss of income: Permanent Temporary

3. If temporary, expected return date: _____

4. Name of the Employer: _____ 5. Supervisor: _____

6. Work Address: _____ 7. Work phone number: _____

49. Date applicant received final check: _____ 50. Gross amount: \$_____.

51. Will applicant receive any vacation pay, retirement refund, or other? Yes No

52. If yes, what type? _____ 53. Date received: ____/____/____ 54. Amount: \$_____

Applicants Signature

Printed Name

Date

Other adults in the household

55. Is there another adult in the household working? Yes No If yes, how long? _____

56. Name: _____ 57. Relationship: _____

58. If unemployed: When was the last month and year worked: _____

59. Currently looking for a job? Yes No. 60. Already applied for job?: Yes No

61. Name of employer: _____ 62. Supervisor: _____

63. Work Address: _____ 64. Work phone number: _____

65. Part time Full Time 66. Number of hours per week?: _____
67. Work schedule: From ____:____ to ____:____ 68. Rate of pay: \$____ per ____ (Hr/Day/Week)

69. Get paid: Weekly Bi-Weekly Monthly

70. Work days of the week: Sun Mon Tue Wed Thu Fri Sat

71. Does other adult have a second job? Yes No 72. If yes, how long? _____

73. Name of the Agency or Company: _____ 74. Supervisor: _____

75. Address: _____ 76. Work phone number: _____

77. Part time Full Time 78. Number of hours per week: _____

79. Work schedule: From ____:____ to ____:____ Rate of pay: \$____ per ____ (Hr/Day/Week)

80. Work days of the week: Sun Mon Tue Wed Thu Fri Sat

81. Loss of Income – other adult in household

1. Date employment ended: ____/____/____

Reason for termination: _____

2. Is the loss of income: Permanent Temporary

3. If temporary, expected return date: _____

4. Name of the Company: _____ 5. Supervisor: _____

6. Work Address: _____ 7. Work phone number: _____

82. Date applicant received final check: _____ Gross amount: \$_____.

83. Will other adult receive any vacation pay, retirement refund, or other? Yes No

84. If yes, what type? _____ 85. Date received: ____/____/____ 86. Amount: \$_____



CERTIFICATION / RELEASE OF INFORMATION: PLEASE READ CAREFULLY

I CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THE INFORMATION WILL BE REVIEWED AND THAT I MAY BE REQUIRED TO PROVIDE DOCUMENTS TO VERIFY AND SUPPORT THIS APPLICATION. I FURTHER UNDERSTAND THAT IF I AM UNEMPLOYED AND CAPABLE OF WORKING, I MAY BE REQUIRED TO SECURE A JOB IN ORDER TO RECEIVE ASSISTANCE.

I AUTHORIZE THE BONITA SPRINGS ASSISTANCE OFFICE TO CONTACT PERSON(S) OR COMPANY/AGENCY FOR RELEASE OF ANY INFORMATION/DOCUMENTATION WITH RESPECT TO MY REQUEST FOR FINANCIAL ASSISTANCE.

APPLICANT'S SIGNATURE

Date _____

CASE WORKER'S SIGNATURE

Date _____

A completed application does NOT guarantee assistance.

I _____ certify that I read, understand, and agree with the policies and procedures of the Bonita Springs Assistance Office Financial Assistance Program.

Signature

Date

Person assisting applicant signature

Printed Name

Date