

NEEDLINK NASHVILLE ASSISTANCE APPLICATION

APPLICATION DATE _____
NAME _____
ADDRESS _____ APT #: _____
CITY _____ ZIP CODE _____
COUNTY _____ CHECK IF YOU ARE HOMELESS
PHONE 1 _____ PHONE 2 _____
DOB ___/___/___ AGE _____ SSN ___-___-___ (Last 4 Digits) _____

OFFICE USE ONLY	
30 DAY _____	60 DAY _____
90 DAY _____	TOTAL _____
CLIENT PAID _____	
[] DENIED _____	
[] APPROVED _____	
GRANT 1 _____	
GRANT 2 _____	
HOLD UNTIL _____	
RESUBMIT _____	

ETHNICITY WHITE BLACK/AFRICAN-AMERICAN HISPANIC MIDDLE EASTERN OTHER _____
GENDER FEMALE MALE _____ **MILITARY SERVICE** VETERAN ACTIVE DUTY

OTHER ADULTS STAYING IN YOUR HOUSE (19 OR OLDER)

NAME _____ AGE _____ DISABLED SS# _____ (LAST 4 DIGITS)
NAME _____ AGE _____ DISABLED SS# _____ (LAST 4 DIGITS)
NAME _____ AGE _____ DISABLED SS# _____ (LAST 4 DIGITS)

CHILDREN STAYING IN YOUR HOUSE (18 AND UNDER)

NAME _____ AGE _____ DISABLED NAME _____ AGE _____ DISABLED
NAME _____ AGE _____ DISABLED NAME _____ AGE _____ DISABLED
NAME _____ AGE _____ DISABLED NAME _____ AGE _____ DISABLED

TOTAL # OF PEOPLE WITH DISABILITY _____
TOTAL # OF PEOPLE IN HOUSEHOLD 60+ _____

TOTAL # ADULTS (OVER 19) _____
TOTAL # CHILDREN (18 AND UNDER) _____

TYPE OF ASSISTANCE REQUESTED ELECTRIC WATER GAS RENT Are your utilities disconnected? YES NO
UTILITY ACCOUNT # _____ Are you requesting a deposit? YES NO
NAME ON ACCOUNT _____ RELATIONSHIP _____

You are still responsible for paying this bill and for making future payments.

- I understand that filling out this application **DOES NOT** guarantee that I will receive assistance.
- I understand that my rent and/or utility bills are my responsibility.
- I certify that all information I have provided to NeedLink Nashville is complete and correct to the best of my knowledge.

NeedLink Nashville may request information, share information, or work with creditors and assistance providers on your behalf.

- I authorize NeedLink Nashville to discuss my application with my utility company, housing provider, creditors and their representatives, case manager, anyone listed on this application, and any other government, business, church, or nonprofit representative with an interest in resolving my financial situation or providing me with additional services.
- NeedLink Nashville may use written, verbal, or electronic communication to obtain account details, notify creditors of pending payments, coordinate social services, verify information, and obtain documents needed to process this application.
- Non-identifying information and client stories may be shared for community engagement, newsletters, fundraising, and reporting purposes.

Release of Liability

- To the fullest extent permitted by law, I hereby release and forever discharge, and agree to indemnify and hold harmless NeedLink Nashville, its officers, agents, employees, and volunteers from and against any and all liabilities, claims, demands, or causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my application from assistance and/or related activities, whether due to negligence, mistake or other action or inaction of NeedLink Nashville or any person or entity acting on its behalf.

SIGNATURE OF APPLICANT _____ **DATE** _____

PLEASE COMPLETE THIS SECTION WITH NEEDLINK STAFF OR YOUR CASE MANAGER

Account Status DISCONNECTED CUT-OFF NOTICE EVICTION DEPOSIT (___ ELECTRIC ___ RENT)
Eligibility Status DISABLED ADULT DISABLED CHILD SINGLE PARENT MEDICAL VICTIM OF CRIME
 HOMELESS OTHER _____

MONTHLY INCOME

TYPE Amount
Paycheck/Work
Social Security
SSI/SSDI (Disability)
Child Support
Unemployment
Retirement/Pension
Other _____

TOTAL

FOOD STAMPS YES NO AMOUNT \$ _____

EMPLOYMENT

FULL TIME PART TIME 10 MONTH TEMP/DAY LABOR
 RETIRED DISABLED STUDENT UNEMPLOYED
TYPE OF JOB _____
EMPLOYER _____
NOTES _____

HOUSING

MDHA SECTION 8 INCOME-BASED
 OTHER RENTAL MORTGAGE OWN
MONTHLY RENT/MORTGAGE AMOUNT \$ _____
PROPERTY/COMPLEX _____
NOTES _____

How did you get behind on this bill?

Do you know how you will pay this bill next month?

Where do you usually get the money to pay this bill?

Other notes

How did you hear about NeedLink Nashville?

NES METRO WATER 2-1-1 CHURCH APARTMENT OFFICE FAMILY/FRIEND APPLIED BEFORE
 OTHER/NOTES _____

Have you applied for Metro Action Commission assistance this year? YES NO NOT ELIGIBLE

Where else are you trying to get help to pay this bill?

LADIES OF CHARITY SALVATION ARMY ROOFTOP CATHOLIC CHARITIES CHURCH ADVENTIST CENTER
 FAMILY/FRIENDS OTHER/NOTES _____

Do you have a case manager? YES NO Agency _____

Case Manager Name _____ Contact Email/Phone _____