

# GUIDELINES FOR FINANCIAL ASSISTANCE

1. Financial help is limited to \$250.00 each 6 months for **McNairy County residents only**. Total financial help is limited to 4 times or \$1000.00, whichever comes first. **This amount is subject to change at any time, according to the amount of funds that have been donated.**
2. To receive help again - you **must** speak with PEC about levelized billing if you are on regular pay. You **must** fill out clients question sheet. **These requirements have to be completed each time you receive financial help.**
3. You will need a valid Tennessee photo ID or drivers license, a social security card and if you are on food stamps, that card also. In the event that you do not have a social security card a letter for SS stating you have applied for a lost card with your social security number on it will be required.

## Required documents before an application can be made:

### ELECTRIC BILLS

1. **If you are on prepay**, we need an Account Summary for prepay so we can access your electrical usage to determine the amount we will be able to pay.
2. If you are on **regular pay**, we need a current bill from PEC and a receipt showing payment of half of the bill.
3. Above required ID.
4. If you are requesting a deposit, **please understand this is a once in a lifetime request**. We will need a letter from PEC, on their letterhead, stating the entire amount of the deposit. This should show what PEC will require if a payment schedule can be worked out, a receipt for the membership fee and a receipt showing anything that PEC has required you to pay. **Jesus Cares will pay \$150 toward any deposit that is \$300 or more, if it is \$200 or less we will pay half, prepay deposit amount will be \$100.**
5. **WE ONLY PAY METERED AMOUNTS, we will not pay: OLD BILLS, transfer fees, reconnect fees, for security lights, payments on HVAC units, or returned check fees.**

### WATER, SEWER, NATURAL GAS, SOLID WASTE

1. Above required ID and a current bill from the utility department.
2. If your request is for a deposit, **please understand this is a once in a lifetime request**. We must have a statement from the utility department as to the amount of the deposit, unless it would be from SUD. They will not give you a letter. We will pay up to \$50 on water and up to \$50 on gas.

### PROPANE GAS

1. Above required ID
2. A letter from the gas company with the cost of fuel per gallon is required. Jesus Cares will pay \$250 toward a 200 gallon fill-up. If there is anything due over that amount we will need a receipt showing that you have paid it FIRST.

DATE: \_\_\_\_\_

Amended - 10/05/16

### EMERGENCY ASSISTANCE APPLICATION JESUS CARES MCNAIRY COUNTY

FIRST NAME: \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_/\_\_\_\_/\_\_\_\_ VETERAN? \_\_\_\_ YES \_\_\_\_ NO

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BEST PHONE# \_\_\_\_\_ OR \_\_\_\_\_ DL# \_\_\_\_\_ STATE \_\_\_\_\_

How long have you lived in McNairy county? \_\_\_\_\_ At this address? \_\_\_\_\_

Have you or anyone in your household received assistance from Jesus Cares before? \_\_\_\_ YES \_\_\_\_ NO

LIST ALL HOUSEHOLD MEMBERS AND CURRENT INCOME – USE BACK IF NECESSARY/ Food Stamps are considered income

NAME	DOB	SEX	RELATIONSHIP	INCOME	SOURCE
1. CLIENT	-----	-----	-----		
CLIENT FOOD STAMPS, IF APPLICABLE					
2.					
3.					
4.					
5.					
6.					

HOW CAN WE HELP YOU? \_\_\_\_\_

\_\_\_\_\_ ELECTRIC (PEC NOTIFIED – WHO) \_\_\_\_\_ WHEN \_\_\_\_\_

\_\_\_\_\_ UTILITIES (SUD/AUD NOTIFIED – WHO) \_\_\_\_\_ WHEN \_\_\_\_\_

\_\_\_\_\_ OTHER (EXPLAIN) \_\_\_\_\_

Please record any pertinent information about the client or their request on the back of this form, if needed.

Jesus Cares does not give cash. A copy of the bill(s) for which you are seeking assistance must be attached to this form.

We encourage you to attend church services at the church of your choice. Your relationship with JESUS is the MOST important relationship you will ever have.

CHURCH MEMBERSHIP? \_\_\_\_\_

The information that I have provided is true and correct to the best of my knowledge. I give permission to Jesus Cares to communicate with service providers and resources in an effort to verify the information in this application and to provide advocacy and case management assistance. I understand that my consent automatically expires after one year or sooner at my written request. I agree not to hold Jesus Cares liable for any release of information during active status of this application or signed release. I understand that providing incorrect or incomplete information may result in being denied assistance.

Client signature \_\_\_\_\_

Staff signature \_\_\_\_\_

FOR OFFICE USE ONLY

\_\_\_\_\_ APPROVED - IF NOT, WHY? \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Date: \_\_\_\_\_

Jesus Cares does not discriminate against any person because of race, color, religion, sex, handicap or ethnicity. The information on this form is for Jesus Cares use only and will be used to gather statistical data to better serve the community with social services.

GENDER: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

ETHNICITY: \_\_\_\_\_ Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian \_\_\_\_\_ Native American \_\_\_\_\_ Other

EDUCATION: \_\_\_\_\_ College/ Trade School \_\_\_\_\_ High School Diploma  
\_\_\_\_\_ GED \_\_\_\_\_ Has Not Finished High School

EMPLOYMENT: \_\_\_\_\_ Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Unemployed  
\_\_\_\_\_ Self-Employed \_\_\_\_\_ Disabled

MARITAL STATUS: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced  
\_\_\_\_\_ Separated \_\_\_\_\_ Widow(er)

**GOVERNMENT BENEFITS: (PLEASE CHECK ALL THAT APPLY)**

\_\_\_\_\_ Food Stamps \_\_\_\_\_ Medicaid \_\_\_\_\_ Medicare \_\_\_\_\_ Social Security  
\_\_\_\_\_ Veteran Benefits \_\_\_\_\_ WIC \_\_\_\_\_ TN/Care  
\_\_\_\_\_ SSI \_\_\_\_\_ Affordable Health Care Insurance  
\_\_\_\_\_ Family First/TANF (AFDC) \_\_\_\_\_ Heating/Cooling Assistance  
\_\_\_\_\_ Unemployment \_\_\_\_\_ Section 8 Housing

**HOUSING INFORMATION**

\_\_\_\_\_ RENT \_\_\_\_\_ OWN MY HOME \_\_\_\_\_ HOMELESS  
\_\_\_\_\_ AT RISK OF BEING HOMELESS \_\_\_\_\_ TRANSIENT

NUMBER IN HOUSEHOLD \_\_\_\_\_



1. What is the reason for your being here today?

2. What would you consider your most pressing need at this time?

3. What can you do to help yourself not be in this situation again?