



Emergency Assistance Application for Coral Springs Residents

Funding is for current Coral Springs residents only. Coral Springs Community Chest grants assistance to individuals only once. Please note Coral Springs Community Chest does not fund Security Deposits nor Credit Card Statements. Applications will not be reviewed if incomplete and missing any required documents. Self-sustainability after assistance (if granted) is critical and required for approval.

P.O. Box 9891 | Coral Springs, Florida 33075
csccommunitychest@gmail.com | www.coralspringscommunitychest.org

RETURN APPLICATION TO: csccommunitychest@gmail.com

Application Processing:

Each document listed below **is required** to be attached to this application upon submission. An incomplete application will not be accepted for consideration. All fields must be completed and all required documents attached. Additional documents may be requested upon review. If a question does not apply, please do not leave it blank. Instead, please mark "N/A" for those questions that do not apply.

An application submitted is not a guarantee of funding assistance.

This is a legal document and is subject to State and Federal audit. Falsification of facts may lead to legal action.

The applicant(s) understands and grants permission for this application to be subject to confidential review, by Trustees of the Coral Springs Community Chest.

Required: attach a current color-photo government ID . (Driver's license accepted)

Please note: An application cannot begin processing without the photo ID.

How did you hear of our services? Name person, organization or other: _____

➤ **Applicant's Signature:** _____ **Date:** _____

Print Name (Clearly): _____

➤ **Applicant's Representative Signature:** _____ **Date:** _____

(Complete this section if person completing application is not the Applicant. Otherwise, please state "N/A.")

Print Name (Clearly): _____

Relationship to Applicant: Relative Friend Case Mgr. Organization: _____

Phone: _____ Ext.# _____ Email Address: _____

Is it acceptable to Text you as the Applicant Representative? Yes No (Check one)

Each Document listed below is required to be attached with the application.

1. APPLICATION:

Required to be filled out completely, answering all questions, and signed by applicant(s) where indicated. If a question is not applicable to the applicant, please state "N/A" or "Not Applicable" so it is clear this was reviewed and not overlooked.

2. **Bank Accounts:** 3 months of all current bank statements (*including all types such as but not limited to checking, savings, retirement, money market, etc*). Applicant's name and current address to be visible for review on statements. Account numbers should be redacted (*blacked out for security reasons*) by applicant prior to submission.
3. **Proof of Source of Income (for all occupants living in the residence):**
Copies or documentation of pay stubs, social security disclosure (do not include social security card), food vouchers, rental assistance, childcare assistance, alimony, child support, senior benefits housing-transition funding/vouchers, Section 8 Housing, etc. (Please note additional documents such as Tax Returns or other documents may be requested upon review.)
4. **Other Agencies or Assistance:** Name other agencies or individuals who have assisted the applicant and is/her/their family (anyone living in the residence) within the last 12 months. Include individuals and any assistance programs that have provided assistance including relatives, significant others/partners, children services and/or children funding, assistance programs, etc.

Please note:

The above requested supporting documents should be attached to the application form to prevent the file transmission from being too large to receive.

RESIDENT APPLICATION FOR ASSISTANCE

Funding is NOT guaranteed. The applicant must be a current Coral Springs resident.

A. Applicant's Information:

Date: _____

Full Name: _____ DOB: _____

Home Address: (include Street Address, Apt. #, City/State, Zip Code) _____

Cell: _____ Other Telephone: _____

Is Text Communication Acceptable? Y N Email: _____

Have you previously applied for assistance from Coral Springs Community Chest? YES NO

If yes, was your assistance request approved? YES NO

B. Immediate Family Information: Check the box next to their age if they are living with you. (Please include any and all individuals living with you. Additional information on immediate family is required to help understand if the applicant has any additional support from other family members such as parents, siblings, etc. even if they are not residing with the applicant.)

- | | | | |
|----------|----------------------------|-------------------|--------------------------|
| 1. _____ | Relationship: _____ | Age: _____ | <input type="checkbox"/> |
| 2. _____ | Relationship: _____ | Age: _____ | <input type="checkbox"/> |
| 3. _____ | Relationship: _____ | Age: _____ | <input type="checkbox"/> |
| 4. _____ | Relationship: _____ | Age: _____ | <input type="checkbox"/> |
| 5. _____ | Relationship: _____ | Age: _____ | <input type="checkbox"/> |
| 6. _____ | Relationship: _____ | Age: _____ | <input type="checkbox"/> |

C. Current Living Arrangements: *(Please completely describe arrangements with timelines, including if you are living with someone, other than those mentioned above.) (Please use additional page if necessary.)*

D. Current Source(s) of Income & Amounts: (If any of the below do not apply, please print N/A)

- | | |
|---|---|
| <input type="checkbox"/> Employment 1: \$ _____/Hr. # Hrs/Week: _____ | <input type="checkbox"/> Unemployment: \$ _____ Per _____ |
| <input type="checkbox"/> Employment 2: \$ _____/Hr. # Hrs/Week: _____ | <input type="checkbox"/> Food Stamps: \$ _____ Per _____ |
| <input type="checkbox"/> Social Security: \$ _____ | <input type="checkbox"/> Disability: \$ _____ Per _____ |
| <input type="checkbox"/> Child Support: \$ _____ | <input type="checkbox"/> Alimony: \$ _____ Per _____ |
| <input type="checkbox"/> Family Support: \$ _____ | <input type="checkbox"/> Other: \$ _____ Per _____ |
| <input type="checkbox"/> Religious Support: \$ _____ | <input type="checkbox"/> Other: \$ _____ Per _____ |

Do you have a case manager or social worker? Yes No

If yes, please confirm we can reach out by checking this box

If yes, please provide the following for case manager or social worker:

Name: _____ Phone: _____

Email: _____ From which organization? _____

Additional comments for consideration: _____

E. Employment Record:

Applicant #1:

Currently Employed? Yes No If yes, Employer: _____

How Long Employed: Start date: _____ End date: _____ Confirm Still Employed: Y N

Has Applicant #1 applied for any other jobs in the past year? YES NO

Is any of Applicant #1's wage compensation paid in cash? YES NO

Prior Employment:

	<u>Company</u>	<u>Position</u>	<u>Years/Months worked</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Applicant #2:

Currently Employed? Yes No If yes, Employer: _____

How Long Employed: Start date: _____ End date: _____ Confirm Still Employed: Y N

Has Applicant #2 applied for any other jobs in the past year? YES NO

Is any of Applicant #2's wage compensation paid in cash? YES NO

Prior Employment:

	<u>Company</u>	<u>Position</u>	<u>Years/Months worked</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

F: Financial Assistance Sought From Other Organization(s), But Not Received.

(Include name of organization, amount requested.)

G: What are you intending to pay with the requested funds?

Item	Amount

H: Assets:

Do you own your own home? Yes No Mortgage Balance: \$ _____

Do you have an Automobile/Motorcycle? Yes No Make/Model/Year: _____

If yes, what is your remaining Vehicle Balance and Term? _____

Bank: Checking/Savings? Checking Balance \$ _____ Savings Balance \$ _____

Other Account Balance \$ _____ Other Account Balance \$ _____

Retirement/Other Account(s)? Other Balance \$ _____ Other Balance \$ _____

I: Applicant's Expenses:

Item:	Amount:	Paid to:	Comment:
Mortgage			
Home Equity Credit Line			
Rent			
Electric			
Water			
Telephone			
Cable/Internet			
Car/Auto Payment			
Car Insurance			
Health Insurance			
Home Insurance			
Other			
Other			
Other			

• **Monetary Amount of Financial Assistance Requested: \$** _____

• Detailed reason why assistance is needed. *(Please add pages if needed to explain.)*

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