



## *Neighbors In Need Program*

### Emergency Assistance Application for Coral Springs Residents

To qualify for consideration of funding, applicant must be a permanent resident of Coral Springs (for a minimum of 30 days). Coral Springs Community Chest grants assistance to individuals only once, if approved. (If the Coral Springs Community Chest has funded any member of household previously, the application is not eligible for funding.) Please note Coral Springs Community Chest does not fund Security Deposits nor Credit Card Statements.

Applications will not be reviewed if application is incomplete and missing any required documents. Proof of self-sustainability after assistance (if granted) is critical and required for approval. Proof of stability refers to applicants' ability to maintain household and financial stability after receiving assistance (if granted.)

**NOTE: The application process includes a video interview. Applicants must be present and visible during the interview.**

**Please initial if you agree to video conference interview: \_\_\_\_\_**



## Application Processing:

Each document listed below **is required** to be complete 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 valid color-photo FLORIDA ID for all members of the household 18 years and older.** *(Current valid Florida Driver's license and/or identification. Address on the ID must match current residence.)*

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

How did you hear about 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 employed occupants living in the residence as well as for all household members who are 18 years and older):**

Copies or documentation of pay stubs, social security benefits/disclosure (do not include social security card), food vouchers, disability, 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 and any funding applications that are pending. Include individuals and any assistance programs that have provided assistance including relatives, significant others/partners, children services and/or children funding, assistance programs, etc.

**5. Lease or Mortgage Documentation:** Copies of the lease, lease amendments, or mortgage statement/bill are required if requesting rent assistance or mortgage assistance. If there is an eviction notice, this must be provided along with any amendments to the lease.

*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.)

Check Box if living with you.

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

4. \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

5. \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

6. \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

**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: \_\_\_\_\_

May we contact your landlord?  Yes  No

If yes, provide the Landlord's Name/Contact: \_\_\_\_\_ Landlord's Phone #: \_\_\_\_\_

Do you receive Section 8 Housing?  Yes  No

*(This will not impact on your ability to receive funding or not)*

If yes, what is your total rent per month? \_\_\_\_\_ per month

If yes, how much assistance do you receive per month? \$ \_\_\_\_\_ per month

If yes, how much do you pay toward rent per month? \_\_\_\_\_ per month

When did Section 8 Housing assistance begin: \_\_\_\_\_

Are there any other current sources of income that you are receiving that are not listed above (list below):

I am certifying that I have disclosed, on behalf of the household, all sources of household income above:

**Initial:** \_\_\_\_\_

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



**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.	_____	_____	_____

**Applicant #3:**

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 #3'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?**

<b>Item</b>	<b>Amount</b>

**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.)*

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



**J: DISCLOSURE OF APPLICANT(S):**

*The Applicant(s) or those acting on behalf of the Applicant(s) agree:*

Applicant or Representative grants Authorization for background check.  YES – Initial \_\_\_\_\_

The undersigned authorizes the Coral Springs Community Chest Trustees and the Representatives of the Coral Springs Community Chest to conduct background checks and verify the information provided in this application for assistance. Coral Springs Community Chest, its Trustees, and/or Representatives will be held harmless from any legal liability in vetting this application without limitation(s) with no end date specific now or in the future. Coral Springs Community Chest will complete review and be mindful of security of such information received in their research/care.

**Be advised: Coral Springs Community Chest is subject to audit by government entities.**

Applicant will be required to provide backup for the financial information identified on this application.

\_\_\_\_\_  
Name (Please print clearly)

\_\_\_\_\_  
Relationship to Applicant (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit “completed” application and all required supporting documentation to [csccommunitychest@gmail.com](mailto:csccommunitychest@gmail.com).**

**Please scan all pages of the application as one PDF along with all required back-up documents (see Page 3). If you do not have access to a scanner, please download a free scanning app on your mobile device like “Genius Scan.”**

**This application is confidential.**

