Emergency Assistance Application

LHFOH established the Emergency Assistance program to assist those who are experiencing a financial crisis in their lives. We help in the prevention of homelessness and the cut-off of essential utilities. We serve residents of the Central Virginia Region regardless of their race, creed, religion or national origin.

The demand for these services is very high and we have limited funds, so assistance is given on a first-come, first-serve basis. Those who are eligible for assistance must supply verification & documentation

**A** **hard copy of all required documents** will need to be faxed to the LHFOH office location at the time of the **scheduled appointment**.

Eligibility Requirements:

You can expect a response when you are in an emergency situation. If you need help with any of the following, you should be able to talk to someone about your situation

* Eviction
* No food
* Homelessness
* Utility shut off
* Domestic violence
* Non-receipt of benefits

**Proof of income:**

* 1099
* Court-ordered child support
* Worker’s compensation
* Unemployment
* Social security
* Supplemental Security Income (SSI)
* Recent pay stubs

**Rental Assistance:**

* Written lease in your name
* Late or eviction notice in your name
* W-9 form (completed by landlord/property manager)

**Utility Assistance:**

* Market rent
* Written lease in your name
* Past due bill in your name with cut-off notice

Our Eligibility Requirements are intended to ensure that we assist those in greatest need in a fair and just manner.

Other:

* No walk-ins. By scheduled appointment only.
* You are responsible to pay the amount of your rent or utility bill above the amount LHFOH can pledge prior to the scheduled appointment (through individual payments and/or pledges)
* Eligible clients may receive Emergency Assistance.

Mobile Response Center

The Mobile Response Center (MRC) visits struggling communities every month. The LHFOH provides basic supplies such as food, hygiene products, diapers, laundry detergent, cleaning supplies and more. Our clients include families with children children 0-18 and the Elderly.

In addition to the basic needs of a household, the LHFOH also offers special or seasonal items. For example, during the winter, coats and blankets are distributed.

The LHFOH does distribute food. If you are in need of help with food, please contact 804-506-0092

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

Check all that apply ………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FOOD | SHELTER | CLOTHING | UTILITY | RENT |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (include all wages child support

Have you or anyone in your household applied for or requested assistance at any other organization?  Yes No

If so please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you or anyone in your household receive any of the following: (Circle all that apply & amount)**

Medicaid: Yes   No Food Stamps $\_\_\_\_\_\_TANF $\_\_\_\_\_Social Security $ \_\_\_\_\_\_\_ Child Support $\_\_\_\_\_\_

How much do you pay monthly?   Rent $\_\_\_\_\_\_\_\_\_ Food $\_\_\_\_\_\_\_   Utilities $\_\_\_\_\_\_ Phone $\_\_\_\_\_\_\_\_

What caused this financial hardship?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all additional household members use additional sheet if necessary**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **AGE** | **UNDER 18****SCHOOL ATTENDING** | **TYPE ASSTSTANCE RECEIVED (adults only)** | **EMPLOYED****YES/NO** | **TOTAL Monthly INCOME** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

How many household members total.\_\_\_\_\_\_\_\_

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE READ: COMPLETION OF THIS APPLICATION DOES NOT AUTOMATICALLY GUARANTEE THAT YOUR FAMILY WILL BE ASSISTED.**