

BLUFFTON SELF HELP FINANCIAL ASSISTANCE APPLICATION

(BLUFFTON SELF HELP SOLICITUD DE AYUDA FINANCIERA)

Date/Fecha? _____ Is this your first time requesting assistance? _____
¿Esta es su primera vez que solicita asistencia? Si/no _____

By signing this application, I _____ certify that all information provided is true and accurate. I understand that this application is used to determine my eligibility for financial assistance. I understand that if I have intentionally submitted invalid, incomplete or fraudulent information in this application, Bluffton Self Help may deny this application based on this misinformation. I agree that Bluffton Self Help can verify all provided information.

Al firmar esta solicitud , yo _____ certifico que toda la información proporcionada es verdadera y exacta . Entiendo que esta aplicación se utiliza para determinar mi elegibilidad para asistencia financiera . Yo entiendo que si he presentado intencionalmente información no válida , incompleta o fraudulenta en esta solicitud , Bluffton Self Help puede denegar esta solicitud sobre la base de esta información falsa. Estoy de acuerdo que Bluffton Self Help puede verificar toda la información proporcionada

APPLICANT/ SOLICITANTE

Name/Nombre _____

Date of Birth/ Fecha de Nacimiento _____

StreetAddress/Dirección _____

Zip Code/ Código postal _____

Cell Phone/Teléfono móvil _____

Email/Correo Electrónico _____

How long have you live in Bluffton/ ¿Cuánto tiempo has sido residente de Bluffton? _____

Employer/ Empleador _____

Supervisor Phone Number/Número de Teléfono del Supervisor _____

Last Grade Completed/Última grado completo _____

Marital Status/Estado civil _____ # of Adults in home/#adultos en el hogar _____

Number and ages of Children/numero y las edades de niños _____

Name of Spouse/Partner/Nombre del cónyuge/pareja _____

Date of Birth/Fecha de nacimiento _____

Spouse's Employer/ Empleador del cónyuge _____

Supervisor Phone Number/Número de Teléfono del Supervisor _____

Last Grade Completed/Último grado complete _____

Landlord/ Propietario _____

Landlord Phone #/ # Telefono del Propietario _____

Resident since (date) Residente desde _____

Monthly Rent Payment/Pago Mensual de Renta _____

RECENT/PREVIOUS EMPLOYMENT IF UNEMPLOYED/EMPLEO ANTERIOR MAS RECIENTE SI ESTA DESEMPLEADO

Applicant's Previous Position/Posición anterior del solicitante _____
Name/Phone of Employer / Nombre / Teléfono del empleador _____
Spouse's Previous Position/ Posición anterior del cónyugue _____
Name/Phone of Spouse's Employer/Nombre/Telefono del empleador de conyugue: _____

**FINANCIAL ASSISTANCE REQUEST INFORMATION/
INFORMACION DE LA SOLICITUD DE ASISTENCIA FINANCIERA**

Bill Amount/Importe de la factura \$ _____

Amount of Available Fund/Cantidad de fondos disponibles\$ _____

Amount Requested?/Cantidad Solicitada? \$ _____

Bill Provider/Proveedor del Servicio Facturado _____

Bill Due Date/Fecha de vencimiento de la factura _____

EXPLAIN THE REASONS FOR THE REQUEST/EXPLICAR LAS RAZONES DE LA SOLICITUD : _____

HOW DO YOU PLAN TO PAY THIS AND OTHER BILLS NEXT MONTH/ ¿CÓMO PRETENDE PAGAR ESTA Y OTRAS FACTURAS EL PRÓXIMO MES:

**YOUR APPROXIMATE HOUSEHOLD MONTHLY BUDGET/
SU PRESUPUESTO MENSUAL APROXIMADO DEL HOGAR**

MONTHLY INCOME SELF/INGRESO MENSUAL PROPIO

Wages, salaries, tips/salarios, propinas \$ _____

Our mission exists in order to help our neighbors in need of food, clothing, education and financial assistance, and to provide programs that promote self-worth, dignity and create a pathway to personal success.

Nuestra misión existe para ayudar a nuestros vecinos que necesitan alimentos, ropa, educación y asistencia financiera, y para proporcionar programas que promuevan la autoestima, la dignidad y creen un camino hacia el éxito personal.

Social Security/Seguro Social	\$ _____
Disability/Discapacidad	\$ _____
Food Stamps/Cupones de alimentos	\$ _____
Child Support/Pension Legal de los hijos	\$ _____
Other/Otros	\$ _____
TOTAL INCOME/ TOTAL INGRESOS	\$ _____

SPOUSE MONTHLY INCOME/INGRESOS MENSUALES DEL CONYUGUE

Wages, salaries, tips/salarios, propinas	\$ _____
Social Security/Seguro Social	\$ _____
Disability/Discapacidad	\$ _____
Food Stamps/Cupones de alimentos	\$ _____
Child Support/Pension Legal de los hijos	\$ _____
Other/Otros	\$ _____
TOTAL INCOME/ TOTAL INGRESOS	\$ _____

MONTHLY EXPENSES/GASTOS MENSUALES

Rent/Mortgage/Alquiler / hipoteca	\$ _____
Electric/ Eléctricidad	\$ _____
Water/Agua	\$ _____
Food/Comida	\$ _____
Clothing/Ropa	\$ _____
Phone/Cells/Las células de teléfono	\$ _____
Fuel/gasoline	\$ _____
Car Payment/Pago del coche/	\$ _____
Car Insurance/seguro de auto	\$ _____
Other/Otro	\$ _____
TOTAL EXPENSE/GASTO TOTAL	\$ _____

SUPPORTING DOCUMENTS MUST BE SUPPLIED FOR APPLICATIONS TO BE CONSIDERED. APPLICANTS WILL BE NOTIFIED OF A DECISION WITHIN 3- 5 BUSINESS DAYS.

LOS DOCUMENTOS DE APOYO DEBEN SER SUMINISTRADOS PARA QUE SE TENGAN EN CUENTA LAS SOLICITUDES. SE NOTIFICARÁ A LOS SOLICITANTES UNA DECISIÓN DENTRO DE 3 A 5 DÍAS LABORALES.

APPLICANT'S SIGNATURE/FIRMA _____
 DATE/ FECHA _____

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Community Services Organization Assistance Network
Shared Case Management Software - CharityTracker
RELEASE OF INFORMATION (ROI)

Client's Last Name: _____ First Name: _____ MI: _____
Address: _____ City/State: _____ Zip: _____
Date of Birth: _____ SSN: _____
mm / dd / yyyy
Phone: _____

The Community Services Organization Assistance Network, hereinafter referred to as "CharityTracker", is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. Beaufort County Human Services Alliance (Administrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including Bluffton Self Help (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

Table with 4 columns: Dependent's Name, Relationship, Date of Birth, Social Security Number. Multiple rows of blank lines for data entry.

I authorize Bluffton Self Help, as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize Bluffton Self Help (Participating Agency), as a CharityTracker Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other CharityTracker participating agencies.

X
Client and/or Parent-Legal Guardian's
Authorizing Signature

Date

X
Agency Representative Signature

Date

The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from the signing date.

FINANCIAL ASSISTANCE INTERVIEW CHECK LIST

Attention



Each Must Be Initialed by The Client and Interviewer **BEFORE** Application Will Be Reviewed and/or Considered

Interviewer	Date	Client	
		Initials	Initials
completed			
Completed Bluffton Self Help Application			
Copy of Photo ID			
Copy of All Household Income (pay stub, SSDI, SS, Unemployment)			
For Utilities - Copy of bill you need help with (Must be in your name)			
For rent- Copy of Lease and account statement (Must be in your name)			
For Mortgage – Copy of last statement (Must be in your name)			
Proof of Hardship (Doctor’s note, car or home repair bill)			
Complete Charity Tracker Data Entry	N/A		
Interviewers Checklist	N/A		
Swipe Card	N/A		

Bluffton Self Help conducts Financial Assistance Interviews Monday through Friday from 1:00 pm to 3:00 pm



**ASISTENCIA FINANCIERA ENTREVISTA LISTA
DE VERIFICACIÓN**

Atención

Cada casilla debe ser inicializada por el cliente y el entrevistador
ANTES de que la solicitud sea revisada y / o considerada

Interviewer Date Client
completed Initials Initials

**All applications will be approved or denied within 5
business days of the**

Review – After checklist is completed

**Financial Assistance awarded one time within 12-month
period**

Finalizado Bluffton Self Help Application			
Copia de la Fractura que usted necesita ayuda con (debe estar a su nombre)			
Prueba de ingresos de los hogares (talons de cheques / informacion de contacto del empleador / cartas de concesion de beneficios tales como la discapacidad, la suguridad social. Etc.)			
La prueba de la dificultad financiaera (notas del medico, cohe o fractureas de reparacion de viviendas)			



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Interviewer	Date	Client	
		Initials	Initials

completed

Para alquiler, copia del contrato de arrendamiento y extracto de cuenta.			
Para Hipoteca - Copia de la última declaración.			
Indentificaion de fotos			
Complete Charity Tracker Data Entry	N/A		
Swipe Card	N/A		

Bluffton Self Help lleva a cabo entrevistas de Asistencia Financiera entre 13:00 y 15:00 de lunes a viernes.

Todas las solicitudes serán aprobadas o rechazadas dentro de los 5 días hábiles de la

Revisión - Después de completar la lista de verificación