

**SHELBY COUNTY COMMUNITY SERVICES AGENCY
COMPREHENSIVE EMERGENCY ASSISTANCE PROGRAM (CEAP)**

REQUIRED DOCUMENTATION

- SOCIAL SECURITY CARDS FOR EACH HOUSEHOLD MEMBER
- VALID GOVERNMENT ISSUED IDENTIFICATION
- COPY OF LEASE**
- PROOF OF ALL HOUSEHOLD INCOME FOR THE LAST 30 DAYS FOR **ALL MEMBERS OVER THE AGE OF 18**
- PROOF OF CRISIS/ LOSS OF INCOME

REQUIRED DOCUMENTATION OF INCOME

SOCIAL SECURITY, SSI, PENSION, DISABILITY AND VA BENEFITS

- CURRENT AWARD LETTER
- CURRENT PRINTOUT FROM SOCIAL SECURITY ADMINISTRATION OFFICE

TANF/AFDC INCOME

- CURRENT DISPOSITION PRINTOUT FROM DEPARTMENT OF HUMAN SERVICES
- CURRENT LETTER STATING ELIGIBILITY RECEIVED BY MAIL. THE LETTER SHOULD INCLUDE BENEFIT AMOUNT.

CHILD SUPPORT

- CURRENT PRINTOUT FROM JUVENILE COURT WITH THE **GROSS AMOUNT COLLECTED** MONTHLY
- CURRENT OUT OF STATE CHILD SUPPORT – LEGAL COURT DOCUMENT WITH STATE SEAL

UNEMPLOYMENT BENEFITS

- CURRENT PRINTOUT FROM STATE OF TENNESSEE (CLAIM SUMMARY), INCLUDING STATES OUTSIDE OF TENNESSEE

EMPLOYMENT

- CHECK STUBS FROM EMPLOYER – **IN ORDER BY DATE RECEIVED**
 - **LAST 30 DAYS OF PAY**
- CURRENT LETTER VERIFYING GROSS WAGES (PAY RATE, HOURS WORKED PER WEEK, PAY DATE)
 - **MUST BE SIGNED AND DATED**
 - **MUST BE ON 8 ½ X 11 COMPANY LETTERHEAD**

ZERO INCOME

- COMPLETE SELF-DECLARATION OF ZERO INCOME FORM-ALL MEMBERS 18 YEARS OF AGE AND OLDER (PROVIDED UPON REQUEST)
- WRITTEN STATEMENT VERIFYING ZERO INCOME FROM FRIEND OR FAMILY MEMBER THAT IS NOT LIVING IN THE HOME AND HAS NOT APPLIED FOR LIHEAP.

SELF EMPLOYED

- CURRENT/PRIOR YEAR TAX RETURN
- SELF-EMPLOYMENT FORM (PROVIDED UPON REQUEST)



Revised: 3/20/20

Email completed applications to CSBG@ShelbyCountyTN.gov or mail application to 2670 Union Extd Suite 500 Memphis, TN 38112



Dear Applicant,

In order to apply for grant monies from the Shelby County Government Community Services Agency Comprehensive Emergency Assistance Program the following criteria must be met.

Listed below are the requirements in order to qualify for assistance with Rent or Mortgage:

1. Resident of Memphis or Shelby County.
2. Resident must be in threat of eviction or foreclosure.
3. Household income must be below poverty guidelines.
4. A documented crisis within the past **120** days that prevented you from being able to pay your rent or mortgage.
5. The landlord or mortgage company must be willing to work with us and wait on our payment, if you are approved.
6. Prior to CSA making payment, all overages must be paid to landlord or mortgage company.
7. All documents *must* be submitted within 24hours or timeframe stated by the assigned worker. Failure to do so may result in your application to being denied.

Applicant Signature: _____

Date: _____

Revised 07/2019



APPLICATION FOR CSBG SERVICES

◆Community Services Block Grant◆

SERVICE APPLYING FOR: NUTRITION HEALTH EMERGENCY SERVICES OTHER
EMPLOYMENT EDUCATION INCOME MANAGEMENT HOUSING

For Agency Office Use Only
DATE APPLICATION RECEIVED: _____
DATE APPLICATION COMPLETED: _____
APPLICATION STATUS: APPROVED DENIED

Applicant Name (first & last):		Telephone:	
Current Address:		City: Memphis	State: TN
County: Shelby		Zip:	
Mailing Address (if different from Current Address):		City:	State:
		Zip:	

LIST ALL HOUSEHOLD MEMBERS (INCLUDING APPLICANT- Begin with applicant, then spouse, then oldest child, etc.). USE ADDITIONAL PAPER IF YOU NEED MORE SPACE

NAME (must provide first and last name)	MARITAL STATUS	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	RACE (Optional to Provide) White, Black, Hispanic, Asian/Pacific Islander, Native American, Native Alaskan, Other - define	VETERAN	HIGHEST GRADE OF SCHOOL COMPLETED	DOES HOUSEHOLD MEMBER RECEIVE REGULAR FINANCIAL ASSISTANCE FOR A PERMANENT DISABILITY?	HAVE YOU PREVIOUSLY RECEIVED ASSISTANCE FROM THIS AGENCY?	RECEIVE FOOD STAMPS, SUPPLEMENTAL SECURITY INCOME, FAMILIES FIRST CASH ASSISTANCE (INDICATE ANY RECEIVING)
Household Member:		Self						Y or N		Y or N	Y or N	
Household Member:								Y or N		Y or N	Y or N	
Household Member:								Y or N		Y or N	Y or N	
Household Member:								Y or N		Y or N	Y or N	
Household Member:								Y or N		Y or N	Y or N	
Household Member:								Y or N		Y or N	Y or N	

HOUSING (please check one) OWN RENT SECTION 8 PUBLIC HOUSING AUTHORITY HOMELESS HUD

CHILD CARE: Do you have child care? Y or N Is it reliable? Y or N
 I don't have any children. I pay for childcare: \$ _____ / week. Type of care: _____. I have subsidized childcare.
 A friend or family member provides childcare. My child / children participate in Head Start/Early Head Start. Which location?
 My child/children are in school with appropriate after school care. My child/children are in school without appropriate after school care.
 I do not have affordable child care options. Other: _____.

HEALTH: Do you have health insurance? Y or N
 I have medical insurance provided by my employer. My household members have medical insurance provided by my employer. I am provided sick leave benefits.
 I have a retirement plan. My household members have TennCare, Medicaid, Medicare, or some other medical insurance provided by the government.
 I do not have medical insurance. My household members do not have medical insurance. I have supplemental prescription assistance to help pay for medications.
 I have a copay for my medications. I do not have supplemental medical insurance to help pay for medications.
 I (or any household members) often go without my medication due to lack of money. Other:
 I have a medical condition that affects my ability to contribute to my household. If so, please explain:

NUTRITION: Does your family experience food insecurity for 1 or more times throughout the month? Y or N Is satisfied through food banks / commodities? Y or N

SUPPORTS: Do you have other family, community, or agency supports? Y or N If yes, please explain

TRANSPORTATION: Do you have transportation Y or N? Is it reliable? Y or N?

EMERGENCY NEEDS: I am currently in need of the following emergency assistance:

HOUSEHOLD TOTAL INCOME (Below list income information for applicant and all household members). Use additional paper if more space is needed.

NAME	SOURCE OF INCOME <input type="checkbox"/> Employment <input type="checkbox"/> SS / SSI / VA <input type="checkbox"/> TANF <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment <input type="checkbox"/> Other	FT / PT	HIRE DATE	GROSS MONTHLY INCOME	IF EMPLOYED, PROVIDE EMPLOYER'S NAME & ADDRESS	Is the income reliable?
						Y or N
						Y or N
						Y or N
						Y or N
						Y or N
						Y or N
						Y or N

SOURCE OF INCOME:
 ► NOTE: YOU MUST ATTACH INCOME DOCUMENTATION FOR EVERY PERSON IN HOUSEHOLD ◀

CSBG STATEMENT OF NEED
 Please tell us why you need assistance on the lines below: (please print)

Please tell us how you plan to address your situation going forward, what are your goals?

Applicant Certification:
 I certify that all of the information provided by me is true and correct. I authorize the verification of any and all information provided herein to determine my eligibility, and acknowledge I have been informed of the appeal process. I understand that I will be notified in writing of my eligibility status. Identifying information provided by you for determination of your eligibility for CSBG and for the provision of services from the program will be considered confidential, unless otherwise authorized or required by law, will not be shared with any other persons or agencies except for the purposes directly related to the administration of the CSBG program. I attest under penalty of perjury that all persons applying for or receiving aid are either a United States citizen or qualified alien as defined by 8 U.S.C § 1641(b), or eligible immigrants. I swear under penalty of perjury (a crime for lying under oath) and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information for the receipt of CSBG assistance is liable upon conviction of a fine of \$10,000 or imprisonment for not more than five years, or both.

I DO _____ OR DO NOT _____ AGREE THAT THE INFORMATION CONTAINED IN MY APPLICATION MAY BE SHARED WITH OTHER AGENCIES FROM WHICH I SEEK ADDITIONAL SERVICES.

APPLICANT SIGNATURE: _____ **Date:** _____

If Representative for Applicant, give relationship and reason for signing: _____

NO PERSON ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, DISABILITY, ANCESTRY, STATUS AS A VETERAN, OR ANY OTHER CHARACTERISTICS PROTECTED BY FEDERAL, STATE, OR LOCAL WILL BE EXCLUDED FROM PARTICIPATION IN, OR BE DENIED BENEFITS OF, OR BE OTHERWISE SUBJECTED TO DISCRIMINATION IN THE OPERATION OF THE CSBG PROGRAM.

To Be Completed By Agency Staff Only:

Number in Household: _____	DATE/TIME TAKEN: _____
Total Monthly Income: _____	
Total Annual Income: _____	

Eligibility:

Method of Eligibility: Verification or Self-Declaration
 Customer Notification: Verbal or Written

National Goal: #1 _____ #6 _____
 Goal Was: Achieved Maintained Not Achieved

Eligibility Period: _____/_____/_____ to _____/_____/_____ Explain: _____

INTAKE WORKER SIGNATURE: _____ DATE CERTIFIED: _____

SIGNATURE OF DETERMINING AGENCY OFFICIAL: _____ DATE: _____



SHELBY COUNTY COMMUNITY SERVICES AGENCY
Emergency Rent/Mortgage Assistance Program
2670 Union Avenue, Extd Suite 500
Memphis, TN 38112

CSBG EMERGENCY RENT/MORTGAGE ASSISTANCE CRISIS DETERMINATION

CLIENT NAME: _____

Case # _____

What was the crisis that caused the client not to be able to pay their rent/mortgage in the past 120 days?

INCOME LOSS

- a) Job Loss: _____ Dates affected: _____
- b) Leave w/o pay from job: Dates affected: _____ Dates affected: _____
- c) Job hours reduced: _____ Dates affected: _____
- d) Spouse/other H.H. member moved out: _____ Move out date: _____
 Dates affected: _____
- e) Robbery/theft/burglary/other crime victim: _____ Date of incident: _____
- f) Fire/Natural Disaster victim: _____ Date of disaster: _____
- g) Government Benefits Reduction: _____ Dates affected: _____

AND/OR

UNEXPECTED EXPENSES (Circle one or more with dates to the side):

- Medical
- Home repairs for homeowners
- Legal
- Stove, refrigerator, heater, etc. (purchase)
- Funeral
- Moving costs/deposit
- Car repairs/towing expenses and repair parts
- Other (explain)
- What documentation of crisis is attached?

CLIENT SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY:

Additional Comments: _____

STAFF SIGNATURE: _____ **DATE:** _____



SHELBY COUNTY COMMUNITY SERVICES AGENCY
Emergency Rent/Mortgage Assistance Program
2670 Union Avenue, Extd Suite 500
Memphis, TN 38112

**STATEMENT OF SUPPORT
ZERO (0) INCOME VERIFICATION
(Non-household member)**

_____ Date

I _____, do hereby certify that during the
Period of _____ to _____ that I provide the

Following support to: _____

_____ Food

_____ Clothing

_____ Rent

_____ Gifts * (specify) _____

_____ Other (specify) _____

Support Person Signature: _____ **Date:** _____

Address: _____ **Phone :** _____

Applicant Signature: _____ **Date:** _____

*Gifts are contributions of cash, goods or services for basic necessities which are made without commitment for repayments.

CASE #: _____ (for office use only)

COUNSELOR: _____ **DATE:** _____

Release of Information

This is to confirm that I do hereby give permission to Shelby County Government Comprehensive Emergency Assistant Program to share and/or secure any information necessary to certify me for the CSBG Emergency Cash Assistance Program. I understand that this information will only be shared, secured, or verified professionally while protecting my rights to confidentiality. I also hereby grant the Agency permission to secure additional resources on my behalf, if necessary and appropriate. I do request, however, that _____ not be contacted.

Access to Client Records

I further acknowledge that I am aware that Program Supervisors and/or Managers, DHS Auditors, and State Comptroller Auditors will have access to my client records.

Initial _____

Reliability of Information

I also certify to the best of my knowledge that all information provided by me in this approval process is accurate and true. I am completely aware that anyone who knowingly covers up a material fact or gives false information for eligibility determination is liable for prosecution under applicable criminal law.

Initial _____

Grievance Procedures

As a client applying for assistance through Shelby County Government Community Services Agency, you have the right to appeal and request a fair hearing. You must contact the Agency for the proper complaint form. A complaint for must be filled out triplicates and completed within 30 days. After a decision has been made, you, the Agency and the State will retain a copy of the complaint form. The Administrator will contact the Department of Human Services for a final decision if you are not satisfied after a local hearing.

Initial _____

Follow Up Notification

I certify that I have been informed and understand that Shelby County Government Community Services Agency may conduct a follow-up assessment after my initial certification for CSBG services. I agree to provide all necessary requested information for assessment. I certify that I have provided names of two people who will know how to contact me during the next year.

Initial _____

Title VI Compliance

I certify that I have been informed of the Title VI Civil Rights Act of 1964 which states no person will be discriminated against based on age, race, sex, color, religion, or national origin under any program provided by Shelby County Government Community Services Agency.

Initial _____

Citizenship

I certify that at least one adult member of my household is a citizen of the United States of America.

Initial _____

Release of Medical Information (HIPAA-Health Insurance Portability and Accountability Act)

I _____, agree that my medical information may be disclosed to Shelby County Government Communities Agencies and affiliates and also shared with other service provider (s) any agreeing CSA partner agencies concerning assistance for this program.

Client Signature _____

Date _____

Staff Signature _____

Date _____

WHAT TO EXPECT AFTER SUBMITTING YOUR RENT/MORTGAGE APPLICATION

Once your application and supporting documentation has been received, it will be reviewed for accuracy.

- ◆ If you are missing specific eligibility documentation, you will be asked to submit the missing documentation within **72 hours**. If you do not provide all of the essential eligibility documentation within the allotted timeframe, your application will be denied, and you will receive a Denial Letter in the mail. However, you will be allowed to reapply for assistance after you are able to procure all essential eligibility documentation.
- ◆ If you provided all of the essential eligibility documentation along with a completed application, your application will be processed and you will receive an Approval Letter in the mail. The Approval Letter will indicate that your application has been approved, and it will indicate the amount of the approval. In addition, an Approval Letter will be mailed to your leasing office indicating the amount of payment.

Once you are approved it can take up to 25 days before your leasing office/landlord /mortgage company receives payment. However, the Approval Letter is confirmation of approval.

