If your household income is at or below the annual and monthly income level you may qualify. These numbers are based on the number of people living in your home (household size) and 200% of the Federal Poverty Level Guidelines (Maximum Income Level).

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Annually</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$24,980.00</td>
<td>$2,081.67</td>
</tr>
<tr>
<td>2</td>
<td>$33,820.00</td>
<td>$2,818.33</td>
</tr>
<tr>
<td>3</td>
<td>$42,660.00</td>
<td>$3,555.00</td>
</tr>
<tr>
<td>4</td>
<td>$51,500.00</td>
<td>$4,291.67</td>
</tr>
<tr>
<td>5</td>
<td>$60,340.00</td>
<td>$5,028.33</td>
</tr>
<tr>
<td>6</td>
<td>$69,180.00</td>
<td>$5,765.00</td>
</tr>
<tr>
<td>7</td>
<td>$78,020.00</td>
<td>$6,501.67</td>
</tr>
<tr>
<td>8</td>
<td>$86,860.00</td>
<td>$7,238.33</td>
</tr>
</tbody>
</table>

*For Each Additional Person Add: $8,840.00 $736.67*
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 (PLEASE SEE CRISIS DETERMINATION FORM FOR EXAMPLES OF A CRISIS)
☐ LANDLORD/LEASING FORMS

EXAMPLES OF DOCUMENTATION FOR 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 8½ 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)
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 for 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 24 hours 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

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

**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 Information

<table>
<thead>
<tr>
<th>Applicant Name (first &amp; last):</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Address:</td>
<td>City: Memphis</td>
</tr>
<tr>
<td>County:</td>
<td>State: TN</td>
</tr>
<tr>
<td>Mailing Address (if different from Current Address):</td>
<td>City:</td>
</tr>
<tr>
<td>Email:</td>
<td>Zip:</td>
</tr>
</tbody>
</table>

### Household Members

<table>
<thead>
<tr>
<th>Name (must provide first and last name)</th>
<th>Marital Status</th>
<th>Relationship to Applicant</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Sex</th>
<th>Race</th>
<th>Veteran</th>
<th>Highest Grade of School Completed</th>
<th>Does Household Member Receive Regular Financial Assistance For A Permanent Disability?</th>
<th>Have You Previously Received Assistance From This Agency?</th>
<th>Receive Food Stamps, Supplemental Security Income, Families First Cash Assistance (Indicate Any Receiving)</th>
<th>Housing (please check one)</th>
<th>Child Care: Do you have child care? Y or N Is it reliable? Y or N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Member:</td>
<td>Self</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td>RWN</td>
<td>I don't have any children. I pay for childcare: $ / week. Type of care:</td>
</tr>
<tr>
<td>Household Member:</td>
<td></td>
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<td></td>
<td>RENT</td>
<td>A friend or family member provides childcare. My child/children participate in Head Start/Early Head Start. Which location?</td>
</tr>
<tr>
<td>Household Member:</td>
<td></td>
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<td></td>
<td>SECTION B</td>
<td>My child/children are in school with appropriate after school care.</td>
</tr>
<tr>
<td>Household Member:</td>
<td></td>
<td></td>
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<td></td>
<td>PUBLIC HOUSING AUTHORITY</td>
<td>My child/children are in school without appropriate after school care.</td>
</tr>
<tr>
<td>Household Member:</td>
<td></td>
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<td></td>
<td>HOMELESS</td>
<td>I do not have affordable child care options. Other:</td>
</tr>
<tr>
<td>Household Member:</td>
<td></td>
<td></td>
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<td></td>
<td>HUD</td>
<td>I have medical insurance provided by my employer. My household members have medical insurance provided by my employer.</td>
</tr>
<tr>
<td>Household Member:</td>
<td></td>
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<td></td>
<td>I have a copay for my medications. Do not have supplemental medical assistance to help pay for medications.</td>
</tr>
<tr>
<td>Household Member:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>I do not have medical insurance. My household members do not have medical insurance. I have supplemental prescription assistance to help pay for medications.</td>
</tr>
<tr>
<td>Household Member:</td>
<td></td>
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<td></td>
<td></td>
<td>I have a medical condition that affects my ability to contribute to my household. If so, please explain:</td>
</tr>
</tbody>
</table>

### Health

- [ ] I have medical insurance provided by my employer. My household members have medical insurance provided by my employer. Am provided sick leave benefits.
- [ ] I have a copay for my medications. I do not have supplemental medical assistance to help pay for medications.
- [ ] 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:

---

*Tennessee Department of Human Services 7/1/14*
HOUSEHOLD TOTAL INCOME (Below list income information for applicant and all household members). Use additional paper if more space is needed.

<table>
<thead>
<tr>
<th>NAME</th>
<th>SOURCE OF INCOME</th>
<th>FT / PT</th>
<th>HIRE DATE</th>
<th>GROSS MONTHLY INCOME</th>
<th>IF EMPLOYED, PROVIDE EMPLOYER'S NAME &amp; ADDRESS</th>
<th>Is the income reliable?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Employment ☐ SS / SSI / VA ☐ TANF ☐ Child Support ☐ Unemployment ☐ Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ FT ☐ PT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 if 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: __________
Total Monthly Income: __________
Total Annual Income: __________

DATE/TIMETAKEN: ______________

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: ______________

Tennessee Department of Human Services 7/1/14
CLIENT NAME: _______________________________________

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 without pay from job Dates affected: _____________________
- c) Job hours reduced: Dates affected: _____________________
- d) Spouse/other household member moved out Dates affected: _____________________
- e) Victim of robbery or theft 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 Dates affected: _____________________
- Home repairs for homeowners Dates affected: _____________________
- Legal Dates affected: _____________________
- Stove, refrigerator, heater, etc. (purchase) Dates affected: _____________________
- Funeral Dates affected: _____________________
- Moving costs/deposit Dates affected: _____________________
- Car repairs/towing expenses and repair parts Dates affected: _____________________
- Other (explain) Dates affected: _____________________
- What documentation of crisis is attached? Dates affected: _____________________

CLIENT SIGNATURE: ___________________ DATE: ___________________

FOR OFFICE USE ONLY:

Additional Comments: ______________________________________

STAFF SIGNATURE: ___________________ DATE: ___________________
# CRISIS VERIFICATION DOCUMENTS

*Loss/Crisis must have occurred before the rent is due*

<table>
<thead>
<tr>
<th>Category</th>
<th>Documentation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Loss</td>
<td>Separation Letter, last 2 pay stubs (if paid bi-weekly) or last 4 pay stubs (if paid weekly), client must have been employed at least 30 days</td>
</tr>
<tr>
<td>Leave w/o pay from job</td>
<td>Last 4 pay stubs</td>
</tr>
<tr>
<td>Job hours reduced</td>
<td>Last 4 or 8 pay stubs</td>
</tr>
<tr>
<td>Spouse/Other household member moved out</td>
<td>Current and previous lease, other legal proof that the departing person lived there, proof of departing person’s income prior to moving out</td>
</tr>
<tr>
<td>Robbery/theft/burglary/other crime victim</td>
<td>Police Report, monetary amount of loss must be documented in report</td>
</tr>
<tr>
<td>Fire/Natural Disaster Victim</td>
<td>Fire Report</td>
</tr>
<tr>
<td>Government Benefits Reduction</td>
<td>Child Support, SSI Documented Loss</td>
</tr>
<tr>
<td>Medical</td>
<td>Receipts</td>
</tr>
<tr>
<td>Home Repairs for Homeowners</td>
<td>Documentation of expense, Receipts</td>
</tr>
<tr>
<td>Legal</td>
<td>Receipts for Legal fees, (no traffic fines)</td>
</tr>
<tr>
<td>Stove, refrigerator, heater, etc. (purchase)</td>
<td>Receipts</td>
</tr>
<tr>
<td>Funeral</td>
<td>Receipts</td>
</tr>
<tr>
<td>Moving Costs/Deposit</td>
<td>Receipts for Unexpected Crisis</td>
</tr>
<tr>
<td>Car Repairs/Towing Expenses and Repair Parts</td>
<td>Vehicle must be utilized to do an actual job (i.e., pizza delivery, cab driver), or life essential medical transportation and verification from a medical provider</td>
</tr>
</tbody>
</table>
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: ___________________

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

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.

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.

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.

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.

Citizenship

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

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 ______________________

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