

**Community Action Coalition for South Central  
Wisconsin, Inc. (CAC)  
CSBG-ARRA Division**

**Emergency Assistance Program Application**

**Please check the type of assistance you are requesting:**

- Utility Assistance (**Dane, Jefferson, and Waukesha Counties**)
- Household Items (**Dane County only**)
- Moving Expense Assistance (**Dane County only**)
- Car Repair Assistance (**Jefferson and Waukesha Counties only**)

Are you related to any staff or Board member of CAC?                      YES                      NO

If yes, who? \_\_\_\_\_

**APPLICANT INFORMATION** (Please print)

Last Name				
First Name			MI	
Home Phone		Work Phone		Other
Current St. No.	Current St. Name			Apt.
City	State	Zip	County	
Head of Household Name				
Is Head of Household (please circle)    Male    Female    No. of Household Members				

**If you are applying for Moving Expense Assistance, please list the address you are moving to:**

St. No.	St. Name			Apt
City	State	Zip	County	

**HOUSEHOLD MEMBERS**

**Beginning with yourself, please complete the following information for each member of your household:**

First and Last Name	Birth Date	Age	Sex	Relationship
				<b>Self</b>

**HOUSEHOLD INCOME**

Please list each member of your household who has an income and where the income is from (employment, pension, child support, or government benefits, such as unemployment compensation, W-2, SSI, SSDI, Food Stamps, etc.). **Use your GROSS income.**

Household Member Name	Source of Income	Monthly Amount	Start Date	End Date
Household Member Name	Source of Income	Monthly Amount	Start Date	End Date
Household Member Name	Source of Income	Monthly Amount	Start Date	End Date
Household Member Name	Source of Income	Monthly Amount	Start Date	End Date

**Briefly describe why you are requesting emergency assistance:**

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**For Utility Assistance**

Have you received a service disconnection notice?                      YES      NO

If YES, on what date will your service be disconnected?                      \_\_\_\_\_

Have you spoken with your utility company in an attempt to make payment arrangements for the past due bill?                      YES      NO

If YES, when?                      \_\_\_\_\_

What was the result?

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Why were you unable to pay your utility bill?

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Have you applied for assistance with Energy Services?                      YES    NO

If NO, why not?

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**For Household Items (Dane County only)**

Are you enrolled in Food Share?    YES    NO

Do you need diapers for a member(s) of your household?                      YES    NO

**For Moving Expense Assistance (Dane County only)**

Why and when are you moving?

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**For Car Repair Assistance (Jefferson and Waukesha Counties only)**

Is your vehicle registration current?    YES    NO

Have you received two estimates from legitimate auto repair companies?    YES    NO

Is the repair critical to the operation of the vehicle?    YES    NO

## APPLICANT CERTIFICATION AND RELEASE OF INFORMATION

Please read the following carefully before signing and dating below.

I **certify** that all the information provided in this application is true and correct to the best of my knowledge. I further understand that intentionally providing false information will be grounds for denial of service.

I hereby give my **consent** to the Community Action Coalition for South Central Wisconsin, Inc. (CAC) to seek and obtain any and all verifications necessary to complete this application for emergency assistance.

I **understand** that this signed Release of Information may be photocopied at the discretion of the CAC and that the photocopy shall be considered as valid as the original. I further understand that a signed Release of Information is required by CAC's funding source and that assistance may be denied if I choose not to comply with this requirement.

I **understand** and **agree** that I have 30 days from the date of this application to have all required documentation submitted to CAC. Failure to complete this application within 30 days may cause the application to be **void**.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*CAC Office Use Only*

<p>Status of Application:</p> <p><input type="checkbox"/> Ready for Certification</p> <p><input type="checkbox"/> Certification Complete</p> <p><input type="checkbox"/> Application Ineligible</p> <p><input type="checkbox"/> Incomplete after 30 Days – Void</p> <p>File Documentation:</p> <p><input type="checkbox"/> ARRA Participant Form Completed</p> <p><input type="checkbox"/> Purchase Request Completed</p> <p><input type="checkbox"/> W-9 on file/added to file</p> <p><input type="checkbox"/> Added to Database</p> <p>Service Information:</p> <p><input type="checkbox"/> Utility Assistance</p> <p><input type="checkbox"/> Household Items</p> <p><input type="checkbox"/> Moving Expense Assistance</p> <p><input type="checkbox"/> Car Repair Assistance</p>	<p>Other Referrals:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Prepared by:</p> <p>_____</p> <p>Signature:</p> <p>_____</p> <p>Date:</p> <p>_____</p>
<p>Date: _____</p> <p>Amount: _____</p>	