

Financial Assistance Document Checklist

Documents	Yes/No	Notes
Intake Form		
Voucher (EA staff)		
Current, unexpired government-issued photo ID		
CCDA Forms		
Proof of income: current income		
Lease or Mortgage Statement		
Utility late notice or proof of late rent		
Resident Leger for rent assistance		
For Rent: Completed W-9		
Notes		

Surname	Other Beneficiary(OB)		Referred by.	Need	Date
Address			Zip Code	County	
Phone Number		Client Status	Prior Date	Interview Location	
				LRO	
E-Mail Address:					
Household Profile					
Member	Race	Ethnicity	Head of HH	Monthly Gross Income	Date of Birth
Total Gross Income				\$	-
Do you receive Medicaid?		Do you receive WIC?			
				#	
Household Income					
Member	Income Verification	Employer	Monthly Net Income	Food Stamps	
Monthly Budget					
Rent		Cell Phone		Child care	
Mortgage		Cable TV/Internet		Medical Bills	
Utilities		Car Payment		Child Support	
Food		Car Insurance		Credit Cards	
				Total Expenses	\$0

OB First Name

Total Income	\$0.00				\$0.00
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Statistical Sheet			
Age Count			
Age	Child	Adult	
0 to 5			
6 to 17			
18 to 29			
30 to 64			
64 plus			
Total:			
Gender			
Male			
Female			

Summary			
CCDA Funds		Referred to:	ther (See Notes
Other CC Funds			
Total Funds		Vendor:	
Intake for Others		Account Numbr	

Detailed Description: Why Financial EA is Needed and Future Outlook. Other Notes and/or Comments.

Catholic Charities Diocese of Arlington
Emergency Assistance Ministry
200 N. Glebe Road, Suite 250
Arlington, VA 22203
(703) 841-3830



Consent to Exchange Information

RE: _____
Name (Print) _____ Date of Birth _____

THIS SIGNED FORM IS THE AUTHORITY by which I consent to the exchange of personal information between Catholic Charities and other relevant agencies/businesses.

The information exchanged will be used for professional purposes only. It includes information such as name, address, telephone number and utility account number pertaining to a person's request or assistance for rent, and/or utilities, and/or car repair from the respective landlord, and/or utility company, and/or car repair company which has been given, as well as any other information deemed important for the delivery of services.

I understand that public unsecured Wi-Fi and most email providers (i.e., Gmail) do not utilize encryption to protect Personally Identifiable Information (PII) in texts/emails which can be accessed by unauthorized third parties. Such unsecure communication sent by me containing PII from my personal computer, network or phone is my responsibility to protect from loss or compromise.

Consenting Signature _____ Date _____

Case Coordinator Signature _____ Date _____

Case Coordinator _____



Statement of Rights and Responsibilities

&

RELEASE OF CLAIMS

The following information is provided to ensure a clear and thorough understanding of your rights and responsibilities as a client of Catholic Charities Food Pantry and/or Emergency Assistance Ministry. Please read this information carefully and feel free to ask questions about any information or issue that is not clear or that you do not understand. Your signature on this document indicates your agreement to these terms and conditions and your consent to abide by them.

CLIENT RIGHTS

CONFIDENTIALITY. Generally speaking, the information that you provide to Catholic Charities to receive the referenced programs services will be treated confidentially by the agency. However, if you receive food from a Catholic Charities' pantry, the agency will share your demographic information with other local food pantries in an effort to increase food availability options for you and your family. No other information about you or your family or the services you receive will be released to anyone outside of this agency without your knowledge, unless such release is mandated by law.

There are certain instances where disclosure of information is mandated by law. For example, Catholic Charities may disclose your personal information as required by Virginia law to law enforcement or other agencies such as local police, Child Protective Services or Adult Protective Services if the agency believes you are the victim of abuse, neglect or domestic violence. In that regard, Catholic Charities is required to report to Protective Services agencies cases of suspected abuse, neglect or domestic violence toward children, incapacitated adults over 18, and adults over 60. Catholic Charities is also obligated to report instances where it has a reasonable belief that you are a danger to yourself or to others.

PROFESSIONALISM. Catholic Charities is dedicated to providing services grounded in a Catholic understanding of the human person and that meet the highest standards of professionalism and ethical responsibility. In turn, you have the right to receive considerate and quality services from employees and volunteers engaged in Catholic Charities' Food Pantry and Emergency Assistance programs.

CONCERNS AND QUESTIONS. You have the right to raise questions or discuss concerns with a program supervisor if you believe issues or concerns are not being addressed satisfactorily by the Food Pantry Administrator or Emergency Assistance

Case Coordinator. Please see the formal Appeal Policy information set out below for additional information.

CLIENT RESPONSIBILITIES

TRUTHFUL STATEMENTS. You are responsible for providing accurate and complete information when registering at the Catholic Charities' Food Pantry and Emergency Assistance office and affirming that the food and goods and/or financial assistance sought and provided are for the sole use of you and your household.

DOCUMENTATION. You are responsible for presenting all the required documents in order to receive food, other tangible goods and/or financial assistance.

AGE REQUIREMENT. You must be at least eighteen (18) years of age to participate in the Catholic Charities' Food Pantry and/or Emergency Assistance ministries.

APPROPRIATE ACTIONS. You acknowledge that the terms and conditions set forth herein will govern your actions and responsibilities as a client for services. In that regard, you may be suspended from the Emergency Assistance Ministry and/or Food Pantry Ministry if: 1) you misuse the assistance; OR 2) you demonstrate inappropriate behavior while seeking assistance (e.g., acting violently or appearing under the influence of drugs or alcohol). If you are suspended or terminated for those or other reasons deemed appropriate by Catholic Charities, you may re-apply for assistance after one year from the date of suspension or termination.

RELEASE OF CLAIMS

You hereby agree and that you are aware of and accept the risks inherent in using Catholic Charities' Food Pantry facilities and/or the Emergency Assistance ministry. You also voluntarily and without reservation, on behalf of yourself and your family, hereby release, indemnify and hold harmless the Diocese of Arlington, its Bishop and his successors in Office, its clergy, employees, agents and volunteers, and Catholic Charities of the Diocese of Arlington, its directors, officers, employees and volunteers from any and all liability, claims and causes of action, including damages, expenses, attorney's fees and costs which are sustained, incurred, or which arise out of your use of or participation in the Food Pantry Ministry and/or Emergency Assistance Ministry, any actions relating thereto or the suspension or termination of your eligibility or participation in such ministries.

APPEAL POLICY and PROCEDURE

If you have become dissatisfied with the services provided by the Catholic Charities' Food Pantry and/or Emergency Assistance Ministries, please observe the following appeal and resolution procedure. First discuss the matter with the Food Pantry Program Administrator, or Emergency Assistance Ministry Case Coordinator. In the event the matter is not satisfactorily addressed at that level, you may appeal the matter to the Food Ministry Director or the Emergency Assistance Ministry Director. In the event no resolution is found, you may submit in writing a description of the problem to

the Director of Community Services of Catholic Charities of the Diocese of Arlington, at 200 N. Glebe Road, Suite 250, Arlington, VA 22203. This initiates Catholic Charities' formal appeal policy. The Director of Community Services will meet with you within two weeks of your written submission. If this matter is not resolved within three weeks of your written submission, the President of Catholic Charities of the Diocese of Arlington will make the final disposition of the complaint within the following three-week period. The client will receive written notification of a response to his/her complaint.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND
AGREE TO THE TERMS AND CONDITIONS SET FORTH.

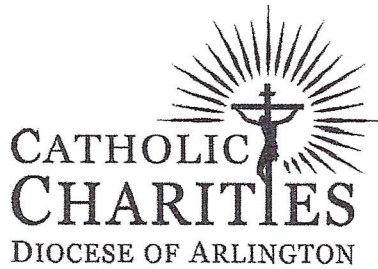
Signature Date Check for copy

Print Name

Catholic Charities Signature Date

Print Name

This consent automatically terminates one year from the date of signature, unless otherwise specified herein.



**Emergency Assistance Guidelines:
Financial Support for Rent or Utility**
Please do not call - send an email.

Loudoun Regional Office: 113 Executive Drive, Suite 110, Sterling, VA 20166. Telephone: 703-443-2481. Email: EA-LRO@ccda.net.

Christ House: 131 S. West Street, Alexandria, VA 22314. Telephone: 703-548-4227 (press option 5). Email: EA-CH@ccda.net

Loaves and Fishes Food Pantry: 613 N. Royal Avenue, Front Royal, VA 22630. Telephone: 540-252-4320. Email: EA-LRO@ccda.net

Catholic Charities' Emergency Assistance program helps people experiencing a one-time financial crisis with rent and/or utility assistance. We work to prevent evictions or the termination of essential utilities. Catholic Charities serves residents of the Diocese of Arlington regardless of their race, creed, religion or national origin. The demand for our services is very high and we have limited funds, so assistance is given on a first-come, first-served basis.

Eligibility

Eligible clients may receive Emergency Assistance once in a 12-month period and up to two times in a 10-year period. To be eligible, the caller must be seeking *late* rent or *past due* utility (gas, water, electric or propane with an invoice for refilling the tank) assistance, must provide all required documents, sign and acknowledge receipt of all Catholic Charities forms and be able to communicate via email and phone for the appointment with the Case Manager.

Emergency Assistance operates two offices that are responsible for specific counties within the diocese. **Do not call. Please look for your City/County and email the appropriate office.** Christ House serves: Arlington County, City of Alexandria, City of Falls Church, City of Fredericksburg, City of Manassas, City of Manassas Park, Fairfax County (except Herndon, Reston), Prince William County, Spotsylvania County, Stafford County, King George County, Lancaster County, Northumberland County, Richmond County and Westmoreland County. Loudoun Regional Office serves: City of Winchester, Clarke County, Culpeper, Herndon (Fairfax), Reston (Fairfax), Fauquier County, Frederick County, Loudoun County, Madison County, Orange County, Page County, Rappahannock County, Shenandoah County and Warren County. The Loaves & Fishes location is managed by the Loudoun Regional Office. **Please email the Loudoun Regional Office to arrange an appointment.**

We regret that we cannot help if you are living in Section 8 Housing, public housing or subsidized housing of any type as you are already receiving financial assistance for your housing (this does not include ADU housing). Financial Assistance is not provided to anyone sub-leasing or renting from a family member. We do not assist with mortgage payments, but we do assist with utility payments for mortgages and mobile homes.

Proof of income is required (at least one of the following): Recent Pay Stubs, Court-ordered Child Support, Pension, Current Statement for Disability, Social Security, Worker's Compensation, Unemployment Compensation, Supplemental Security Income (SSI) and TANF (Temporary Assistance Needy Families).

A current copy of all documents and a signature acknowledgement of Catholic Charities forms are required before a phone appointment is conducted.

Rental Assistance for Non-Subsidized Housing:

- Photo ID – current (not expired), government-issued for each leaseholder.
- Photo ID - current (not expired), government-issued for private landlords.
- Signed Lease Agreement – written lease in caller’s name and to include terms of lease (i.e., leaseholder name/address, landlord name, monthly rent amount, etc.).
- Rental Ledger – provided by the property manager showing detailed accounting of payments made AND the current balance. *If the balance due is above the amount to be eligible, callers must show pledge letters from other organizations and/or churches or money orders to cover the difference. Catholic Charities is the last payer on the bill.
- Eviction or Late Notice.
- Current IRS W-9 Tax Form (Virginia W-9 is acceptable) – from the landlord/property manager signed within the last year with a contact phone number.
- Landlord must show proof of property ownership such as a Deed or Mortgage Statement in their name.
- Assistance is provided for a room or basement, but the Client cannot be subleasing or renting from a family member. Assistance is provided for a mobile home rental or mobile home lot but the Client cannot be subleasing, living with the landlord or renting from a family member.

Utility Assistance (Only Electric, Gas, Water and Propane are considered):

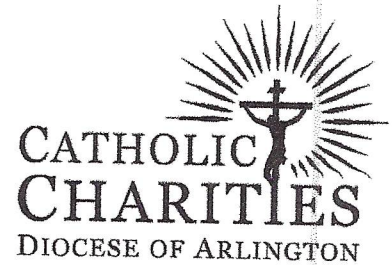
- Photo ID – current (not expired), government-issued of the person responsible for the utility.
- Signed Lease Agreement or Mortgage Statement – in the caller’s name and to include terms of lease (i.e., leaseholder name/address, landlord name, monthly rent amount, etc.). Assistance is not provided to anyone who is sub-leasing or renting from a family member. *We assist with utilities for mortgages and mobile homes, but proof of ownership must be provided.
- Past Due Bill – When there is more than one person’s name on the bill, all must provide a copy of their photo ID. *If the current balance listed is not at the required amount to be eligible, they must show pledge letters from other organizations and/or churches or money orders to make the difference. Catholic Charities is the last payer on the bill.

I have read and understand these guidelines.

Date _____

Client Signature _____

Catholic Charities Diocese of Arlington
Emergency Assistance Ministry
200 N. Glebe Road, Suite 250
Arlington, VA 22203
(703) 841-3830



Letter of Consent & Acknowledgement

RE: _____
Name (Print) _____ Date of Birth _____

THIS SIGNED FORM IS THE AUTHORITY by which I consent to the exchange of personal information between Catholic Charities and other relevant agencies/businesses.

The information exchanged will be used for professional purposes only. It includes information such as name, address, telephone number and utility account number pertaining to a person's request for assistance for rent, utilities, and/or car repair from the respective landlord, utility company, and/or car repair company which has been given, as well as any other information deemed important for the delivery of services.

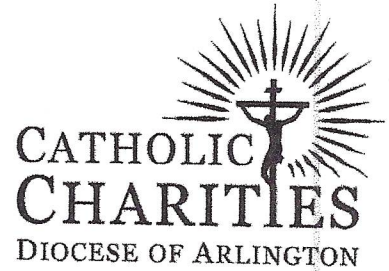
I acknowledge that my name is on the lease and/or utility bill and/or car title and/or registration and I am unable to attend this interview with Catholic Charities for emergency financial assistance. A COPY OF MY PHOTO ID AND THIS SIGNED FORM IS THE AUTHORITY by which I consent to allow the other person on the lease and/or utility bill and/or the car title and/or registration, _____, to represent me for the purpose of exchanging personal information and discussing the bill with Catholic Charities and other relevant agencies/businesses. In the event that assistance is given both individuals will abide by the Emergency Assistance program guideline of: Eligible clients may receive Emergency Assistance once in a 12-month period, up to 2 times in a 10-year period.

I have read, understand and accept the following Catholic Charities documents: Emergency Assistance Guidelines and Client's Statement of Rights, Responsibilities & Statement of Liability.

Consenting Signature _____ Date _____

Case Coordinator Signature _____ Date _____

Catholic Charities Diocese of Arlington
Emergency Assistance Ministry
200 N. Glebe Road, Suite 250
Arlington, VA 22203
(703) 841-3830



Letter of Acknowledgement

RE: _____
Name (Print) Date of Birth

I acknowledge that the individual on my lease, and/or utility bill, and/or car title and/or registration cannot be located to attend this interview with Catholic Charities for emergency financial assistance. THIS SIGNED FORM IS THE AUTHORITY by which I consent to represent this person for the purpose of exchanging personal information and discussing the bill with Catholic Charities. In the event that assistance is given both individuals will abide by the Emergency Assistance program guideline of: Eligible clients may receive Emergency Assistance once in a 12 month period, up to 2 times in a 10 year period.

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Consenting Signature _____ Date _____

Case Coordinator Signature _____ Date _____

RENTAL LEDGER

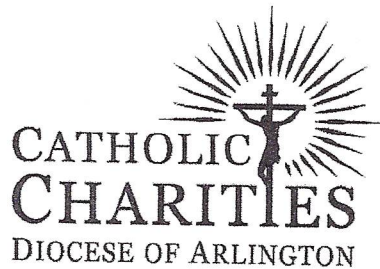
Tenant Name:	
Tenant Address:	

Date	Description	Debit (-)	Credit (+)	Balance

LANDLORD / PROPERTY OWNER INFORMATION:

Landlord Name:	
Phone Number:	
Email:	
Mailing address for payment:	

Signature of landlord: _____ Date: _____



**Private Landlord
Verification and Document Request
Emergency Assistance Ministry
Financial Support for Rent**

Loudoun Regional Office: 113 Executive Drive, Suite 110, Sterling, VA 20166.
Telephone: 703-443-2481. Email: EA-LRO@ccda.net.

Christ House: 131 S. West Street, Alexandria, VA 22314.
Telephone: 703-548-4227 (press option 5). Email: EA-CH@ccda.net

Your tenant has applied for Rental Assistance. Please read the following document. Complete the sections indicated and attach all required documents.

Catholic Charities' Emergency Assistance program helps people experiencing a one-time financial crisis with rent. We work to prevent evictions. Catholic Charities serves residents of the Diocese of Arlington regardless of their race, creed, religion or national origin. The demand for our services is very high and we have limited funds, so assistance is given on a first-come, first-served basis.

Eligibility

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Financial Assistance is not provided to anyone sub-leasing or renting from a family member.

A current copy of all documents and a signature acknowledgement of Catholic Charities forms are required before a phone appointment with your tenant(s) will be conducted.

Private Landlords are requested to provide:

- Photo ID - **current** (not expired), government-issued.
- Rental Ledger - showing detailed accounting of payments made AND the current balance. *If the balance due is above the amount to be eligible, tenants must show pledge letters from other organizations and/or churches or money orders to cover the difference. Catholic Charities is the last payer on the bill.
- Eviction or Late Notice.

- Current IRS W-9 Tax Form (Virginia W-9 is acceptable) –signed by the landlord/property owner within the last year.
- Landlord must show proof of property ownership such as a Deed or Mortgage Statement in their name if tenant is renting a room/basement.
- Assistance is provided for a room or basement, but your tenant(s) cannot be subleasing or renting from a family member. Assistance is provided for mobile home rent or mobile home lot rent, but the tenant cannot be subleasing, living with the landlord or renting from a family member.

I confirm (please initial or n/a if not applicable):

I am not a family member of my tenant(s): _____

If tenant(s) are leasing a mobile home, I am not living in the mobile home with my tenant(s) _____

I am the owner of the leased property at _____

Date _____

Landlord/Property Owner's Name _____

Landlord/Property Owner's Signature _____

Phone Number: _____

E-Mail Address: _____

Mailing Address: _____