

**RENTAL FINANCIAL ASSISTANCE DOCUMENT CHECK LIST**

DATE: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

CASE COORDINATOR: \_\_\_\_\_



DOCUMENTS	YES	NO	NOTES
INTAKE FORM (INCLUDES DESCRIPTION OF CRISIS)			
VOUCHER			
LATE (5 DAY PAY OR QUIT) OR EVICTION NOTICE			
PROOF OF INCOME			
PROOF OF WRITTEN PLEDGE PAY DOWN(S)			
LEASE WITH CURRENT DATE OR MONTH-TO-MONTH CLAUSE			
EMERGENCY ASSISTANCE GUIDELINES			
CONSENT TO EXCHANGE INFORMATION			
LETTER OF CONSENT & ACKNOWLEDGEMENT FOR OTHER PERSON UNABLE TO ATTEND INTERVIEW WITH COPY OF THEIR PHOTO ID			
LETTER OF ACKNOWLEDGEMENT FOR OTHER PERSON ON LEASE WHO CANNOT BE FOUND			
CLIENTS RIGHTS & RESPONSIBILITES			
APPROVAL LETTER/PENDING LETTER			
GIFT CARD RECEIPT			
W-9 FORM			
PHOTO I.D.			

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I \_\_\_\_\_ certify that I reviewed and approved the documents checked above, as  
**(Case Coordinator Signature)** acceptable proof for financial assistance consideration.

**Catholic Charities Diocese of Arlington  
Emergency Assistance Program  
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 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.

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 from the respective landlord and/or utility company, which has been given, as well as any other information deemed important for the delivery of services.

Consenting Signature \_\_\_\_\_ Date \_\_\_\_\_

Case Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

**Catholic Charities Diocese of Arlington**  
**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 and/or utilities from the respective landlord and/or utility 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 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, \_\_\_\_\_, 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 \_\_\_\_\_



## Verbal Telephone Consent

I, \_\_\_\_\_ have given Catholic Charities verbal consent over the telephone, acknowledging that the forms checked below have been sent and read by me and I understand and abide by the terms and conditions as a client of Catholic Charities Emergency Assistance program. In addition to the verbal consent, Catholic Charities needs my signature and date of service on a sheet of white paper. Using my telephone I will take a picture of the paper, scan it to email and send it with all other documents.

### Form Name

\_\_\_ Statement of Rights and Responsibilities & Release of Claims

\_\_\_ Consent to Exchange Information

\_\_\_ Emergency Assistance Guidelines: Financial Assistance for Rent or Utility

\_\_\_ Letter of Acknowledgement

\_\_\_ Letter of Consent & Acknowledgement

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Client Name (Print)

This Verbal Telephone Consent form is used in place of a face-to-face client interview and written consent due to the National Emergency declared in March 2020. The above stated client has limited access to technology resources during this time. This form is in effect until face-to-face interviews can resume onsite.

03-20-20



## Statement of Rights and Responsibilities

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### 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 Program. 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 programs.

**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 Program and/or Food Pantry Program 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 program. 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 Program and/or Emergency Assistance Program, any actions relating thereto or the suspension or termination of your eligibility or participation in such programs.

### **APPEAL POLICY and PROCEDURE**

If you have become dissatisfied with the services provided by the Catholic Charities' Food Pantry and/or Emergency Assistance Programs, please observe the following appeal and resolution procedure. First discuss the matter with the Food Pantry Program Administrator, or Emergency Assistance Program Case Coordinator. In the event the matter is not satisfactorily addressed at that level, you may appeal the matter to the Food Program Director or the Emergency Assistance Program 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.

Check for copy

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Signature

Date

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Print Name

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Catholic Charities Signature

Date

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Print Name

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



**Catholic Charities Diocese of Arlington  
Emergency Assistance Program  
200 N. Glebe Road, Suite 250  
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### **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 from the respective landlord and/or utility company, which has been given, as well as any other information deemed important for the delivery of services.

Consenting Signature \_\_\_\_\_ Date \_\_\_\_\_

Case Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Case Coordinator \_\_\_\_\_

## **Emergency Assistance Guidelines: Financial Support for Rent or Utility**

**Leesburg Regional Office:** 316 E. Market Street, Leesburg, VA 20176,  
Telephone: 703-443-2481

**Loaves and Fishes Food Pantry:** 613 N. Royal Avenue, Front Royal,  
VA 22630, Telephone: 540-252-4320

**Christ House:** 131 S. West Street, Alexandria, VA 22314,  
Telephone: 703-548-4227 (press option 5)



Catholic Charities emergency assistance program aids people experiencing a one-time financial crisis in their lives. We help in preventing evictions or the termination of essential utilities and our primary goal is to help people remain in their homes or to keep their utility turned on. We serve 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-serve basis.

### **Eligibility**

Eligible clients may receive Emergency Assistance once in a 12-month period, up to 2 times in a 10-year period. No walk-ins are accepted. An interview appointment must be made by telephone. Screening for eligibility occurs at the time of the call with a description of the crisis.

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), Orange County, Prince William County, Spotsylvania County, Stafford County, King George County, Lancaster County, Northumberland County, Richmond County and Westmoreland County. Leesburg Regional Office serves: City of Winchester, Clarke County, Culpeper, Herndon, Reston – Fairfax County, Fauquier County, Frederick County, Loudoun County, Madison County, Page County, Rappahannock County, Shenandoah County and Warren County. Please call the office that serves your community.

At the interview a **current hard copy of all required documents** including a current photo ID must be presented. No digital copies of documents are accepted. Re-application for assistance is required if all documents are not provided at time of interview and funds cannot be held. Prior to the interview you are responsible for paying the amount owed above the amount Catholic Charities can pledge (the amount is discussed during the telephone screening). Whenever possible, Catholic Charities provides referrals to locate additional funds. Proof of those payments must be brought to the interview. Catholic Charities is always the last payer on the bill.

**We regret that we cannot help if you are living in Section 8 Housing, public housing or subsidized housing of any type because you are already receiving financial benefit/assistance for your housing. Financial Assistance is not provided to anyone living at the same address as the landlord or sub-leasing. We do not assist with mortgage payments.**

**Requirements for all:** The family must have a verified source of income and at least one proof of income from the list below:

Recent pay stubs and/or 1099  
Disability  
Worker's Compensation

Court-ordered child support  
TANF (Temporary Assistance  
Needy Families)

Unemployment Compensation  
Social Security and/or SSI  
Pension

**A current hard copy of all documents** required at interview. No digital copies accepted.

**Requesting Rental Assistance for Non-Subsidized Housing**

- Up-to-date Lease Agreement – In your name. When there is more than one leaseholder(s) all leaseholder(s) must be present at the interview or have the required forms already signed by the other leaseholder(s) at the time of the interview. If a leaseholder cannot be present at the time of the interview, the form with a copy of their photo ID must be provided by the leaseholder(s) attending the interview.
- Late (5-day Pay or Quit) or Eviction Notice – In your name.
- Current IRS W-9 form (completed by landlord/property manager and the date of the signature cannot be older than one year).
- Assistance is not provided to anyone who is sub-leasing, renting a room or basement, or is living at the same address as the landlord or renting from a family member.

**Requesting Utility Assistance (Only Electric, Gas, Water & Propane are considered):**

- Up-to-date Lease Agreement or Mortgage Statement for Non-Subsidized Housing – In your name.
- Past Due Bill with Disconnect/Termination Notice – In your name. When there is more than one person's name on the bill they must attend the interview or sign the required forms and provide a copy of their photo ID.
- Assistance is not provided to anyone who is sub-leasing, renting a room or basement, or is living at the same address as the landlord or renting from a family member.

*I have read and understand these guidelines.*

**Date** \_\_\_\_\_

**Client Signature** \_\_\_\_\_