



Emergency Assistance Application

How does SSCAC's Emergency Assistance work?

SSCAC's Emergency Assistance provides one-time, financial assistance for individuals and families - typically with up to 1 month's rent, mortgage, or utilities. Other types of assistance with basic needs will be considered. Any and all assistance is provided at SSCAC's discretion. We make direct payments to landlords, mortgage lenders, utility companies, etc. We do not make payments to applicants.

Due to the volume of need and limited availability of funding, households will be eligible for **no more than \$2,000**.

Who is eligible for Emergency Assistance?

- SSCAC prioritizes applicants who live in our primary service area: **Carver, Cohasset, Duxbury, Halifax, Hanover, Hingham, Hull, Kingston, Marshfield, Norwell, Middleborough, Pembroke, Plymouth, Plympton, Scituate, or Wareham.**
- SSCAC prioritizes applicants with **household income at or below 200% of the Federal Poverty Level**. We understand that many households above this income level are in difficult financial situations due to COVID-19 and encourage you to apply even if your typical annual income exceeds the guidelines below. We cannot guarantee assistance, but may be able to find resources to help you.

Family Size	200% of Federal Poverty Level
1	\$ 25,520
2	\$ 34,480
3	\$ 43,440
4	\$ 52,400
5	\$ 61,360
6	\$ 70,320
7	\$ 79,280
8	\$ 88,240

What is the application process?

- Complete the Emergency Assistance application and submit all required documentation. **Attach a brief cover letter to summarize your situation and need.**
- For rent assistance, once you are found eligible, SSCAC will contact your landlord to collect documentation verifying proof of property ownership and rent amount. Please note, your application is not complete until we receive this information from your landlord.
- For mortgage assistance, SSCAC does not pay mortgage penalty fees or taxes. **BEFORE** you submit your application, please confirm that your lender will accept payment from SSCAC for principle and interest and a separate payment from you for fees/taxes.
- Applications are processed on a first-completed, first-served basis until available funding is expended. **Reminder: your application is not complete until all documentation has been received.**
- Payments are contingent upon availability of funding and typically take 3 - 6 weeks to process.
- We will do our best to help, but submission of an application does not guarantee payment.
- If you have any questions or would prefer to complete this application online, please contact our Case Manager at 508-747-7575.



Emergency Assistance Application

Section 1: Applicant/Household Information

Today's Date: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Email: _____

Home Phone Number: _____

Cell Phone Number: _____

Date of Birth: _____

How did you learn about our Emergency Assistance program?

Have you or members of your household received services from SSCAC previously?

- Yes
 No
 Not Sure

Check all SSCAC services you or members of your household have received:

- | | |
|---|---|
| <input type="checkbox"/> Appliance Management | <input type="checkbox"/> Lend a Hand Rent/Mortgage/Utility Assistance |
| <input type="checkbox"/> Consumer Aid | <input type="checkbox"/> South Shore Early Education |
| <input type="checkbox"/> FEMA Housing/Utility Assistance | <input type="checkbox"/> South Shore Family Network |
| <input type="checkbox"/> Food Assistance (grocery cards, bagged food) | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Fuel Assistance | <input type="checkbox"/> Weatherization |
| <input type="checkbox"/> Heating System Repair/Replacement | <input type="checkbox"/> Unsure/Not Applicable/None |
| <input type="checkbox"/> Income Tax Assistance | |

I would like to talk with a Case Manager about other services at SSCAC and in the community that could help me.

- Yes
 No

Things I need help with:

- | | | |
|---|---|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Utilities | <input type="checkbox"/> Formula and baby food |
| <input type="checkbox"/> Food | <input type="checkbox"/> Hygiene supplies (soap, hand sanitizer, wipes) | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Diapers, pull-ups, and wipes | <input type="checkbox"/> Applying for other benefits (SNAP, WIC, Unemp., etc.) |
| <input type="checkbox"/> Phone/internet | | |
| <input type="checkbox"/> Other: _____ | | |

If you have not been or are not a current client of SSCAC, please attach copies of income documentation, such as:

- 4 most recent paystubs
- 2019 tax return
- most recent bank statement
- eligibility letter/benefit statement for other services such as SNAP, unemployment, Section 8, etc.

If you are unable to provide documentation or unsure what documentation to provide, please call 508-747-7575 to speak with our Case Manager. **Please be sure to cross out social security numbers and account numbers on all documents.**



Emergency Assistance Application

Please answer the following questions about yourself and your household (HH) members.

	Gender	Disabling Condition	Health Insurance	Military Status	Education	Work Status	Race	Hispanic or Latino
					<i>Enter # from Chart Below</i>			
Self	Male	Yes	Yes	Veteran				Yes
	Female	No	No	Active Military				No
	Other			N/A				
HH Member	Gender	Disabling Condition	Health Insurance	Military Status	Education	Work Status	Race	Hispanic or Latino
First Name:	Male	Yes	Yes	Veteran				Yes
Last Name:	Female	No	No	Active Military				No
Date of Birth:	Other			N/A				
Relationship to You:								
HH Member	Gender	Disabling Condition	Health Insurance	Military Status	Education	Work Status	Race	Hispanic or Latino
First Name:	Male	Yes	Yes	Veteran				Yes
Last Name:	Female	No	No	Active Military				No
Date of Birth:	Other			N/A				
Relationship to You:								
HH Member	Gender	Disabling Condition	Health Insurance	Military Status	Education	Work Status	Race	Hispanic or Latino
First Name:	Male	Yes	Yes	Veteran				Yes
Last Name:	Female	No	No	Active Military				No
Date of Birth:	Other			N/A				
Relationship to You:								
HH Member	Gender	Disabling Condition	Health Insurance	Military Status	Education	Work Status	Race	Hispanic or Latino
First Name:	Male	Yes	Yes	Veteran				Yes
Last Name:	Female	No	No	Active Military				No
Date of Birth:	Other			N/A				
Relationship to You:								
HH Member	Gender	Disabling Condition	Health Insurance	Military Status	Education	Work Status	Race	Hispanic or Latino
First Name:	Male	Yes	Yes	Veteran				Yes
Last Name:	Female	No	No	Active Military				No
Date of Birth:	Other			N/A				
Relationship to You:								
Highest Level of Education		Work Status			Race			
1 = 0-8 th Grade		1 = Employed Full-Time			1 = American Indian; Alaskan Native			
2 = 9-12 th Grade (did not graduate)		2 = Employed Part-Time			2 = Asian			
3 = High School Grad/GED/HiSET		3 = Migrant Seasonal Farm Worker			3 = Black or African American			
4 = 12+/Some College		4 = Unemployed (6 months or less)			4 = Native Hawaiian; Pacific Islander			
5 = Graduated 2 or 4 Yr College		5 = Unemployed (more than 6 months)			5 = White			
6 = Graduated Other Post-secondary		6 = Unemployed (Not Retired or in Labor Force)			6 = Other			
		7 = Retired			7 = Multi-race (2 or more races)			
		8 = Unknown or Not Applicable						
Household Type: <i>Circle one</i>	One Person	Single Parent Female	Single Parent Male	Two Adults, NO Kids	Non-related Adults w/ Kids	Two Parents w/ Kids	Multi-generational Household	Other
Housing: <i>Circle one</i>	Own		Rent	Other Permanent Housing		Homeless	Other	
Gross Monthly Income: \$								



Emergency Assistance Application

Health Insurance Source(s): <i>Circle all that apply</i>	Medicaid		Medicare		MA Children's Health Insurance Program			MassHealth		
	Military Health Care			Direct-Purchase		Employment Based		Unknown		
Household Income Sources: <i>Circle all that apply</i>	No Income	Wages	TANF	Supplemental Security (SSI)		Soc. Sec. Disability (SSDI)		Social Security	Pension	EITC
	Workers' Comp		Unemployment Insurance		Child Support		Alimony; Other Spousal Support			
	Private Disability Insurance			VA Service-Connected Disability Compensation			VA Non-Service Connected Disability Pension			Other
Non-cash Benefits: <i>Circle all that apply</i>	SNAP	WIC	LIHEAP Fuel Assistance	Housing Choice Voucher	Public Housing	Permanent Supportive Housing	HUD-VASH	Child Care Voucher	Affordable Care Act Subsidy	Other

Section 2: Emergency Assistance Request

Reason(s) for emergency (please check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Eviction/Foreclosure | <input type="checkbox"/> Change/Loss of Income | <input type="checkbox"/> Domestic Violence/Abuse |
| <input type="checkbox"/> Physical/Mental Health | <input type="checkbox"/> Death in the Family | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Other |

Is your current emergency related to COVID-19?

- Yes No

If you became unemployed due to COVID-19, please indicate your job title and the date you last worked:

Provide a brief description of your emergency circumstances. Attach an additional page if needed.

Select the type of assistance requested:

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Other _____ |

Please indicate the amount of assistance you are requesting. \$

For the type of assistance requested, do you currently have an overdue bill or arrearage?

- Yes No

For the type of assistance requested, how much do you owe? \$



Emergency Assistance Application

Please attach documentation of how much you owe.

- For rent assistance, provide a copy of your current lease.
- For mortgage assistance, provide a copy of your most recent mortgage statement with payment voucher.
- For utility assistance, provide a copy of your most recent utility bill with payment voucher.
- For other types of assistance, provide a copy of the vendor invoice or quote.

For the type of assistance requested, enter contact information for your *landlord/mortgage lender/utility company/other vendor*, as applicable:

First Name: _____ Last Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: _____ Cell Phone Number: _____

Section 3: Consent

To provide assistance to you, SSCAC needs your permission to obtain and release information related to your application from other SSCAC programs, such as Fuel Assistance or South Shore Early Education. We will also need to contact your landlord, mortgage lender, or utility company, as applicable. If you do not consent, we cannot process your application or provide assistance.

I give permission to SSCAC to obtain/release information related to my application to/from the following (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> SSCAC's Fuel Assistance | <input type="checkbox"/> Mortgage Lender |
| <input type="checkbox"/> SSCAC's South Shore Early Education | <input type="checkbox"/> Utility Company |
| <input type="checkbox"/> Other SSCAC programs/departments | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Landlord | |

I give SSCAC permission to send me a Client Satisfaction Survey.

- Yes No

Section 4: Certification and Signature

I certify under penalty of perjury that the information included on and with this application is accurate and true.

Signature: _____ Date: _____