

MISSISSIPPI BOULEVARD CHRISTIAN CHURCH (DOC) GUIDELINES FOR EMERGENCY ASSISTANCE

Mississippi Boulevard Christian Church (DOC) (THE BLVD) is dedicated to assisting BLVD Members and the surrounding Memphis/Shelby County Community in times of hardship. The purpose of Emergency Assistance provided by THE BLVD is to **PREVENT** the disconnection of utilities and **PREVENT** the eviction process from one's home. **This assistance is neither intended to cover the total outstanding balance nor is it intended to restore services that are already disconnected.** Although we strive to assist as many persons as possible, please understand that there will be times when THE BLVD will not be able to assist everyone in their time of need. All assistance provided by THE BLVD is administered through an application review process and is available pending budgetary availability. **COMPLETION OF THE APPLICATION DOES NOT GARAUNTEE APPROVAL.**

Please be mindful of the following:

- APPLICATION AVAILABILITY: Applications are available on **Tuesday and Thursday between the hours of 10am and 4pm.** Applications are distributed on a first come, first serve basis and are available during the aforementioned times until our maximum is reached.
- Persons who have applied for and received assistance from THE BLVD are **not** eligible to apply again for a period of **12 months.**
- Persons who have applied for and denied assistance from THE BLVD are **not** eligible to apply again for a period of **90 days.**
- Applicants **must** reside in Shelby County, TN.
- All applications **must** include the following documentation:
 - State issued photo ID
 - 2 months recent check stubs, unemployment benefits, copy of benefit letter
 - If receiving disability, a copy of benefit letter

TYPES OF ASSISTANCE:

- **Utility Assistance:**
 - Applicant must provide a recent cut off notice (less than 30 days old).
 - Applicant's name and address must match the name and address on the utility account (no exceptions).
 - The utilities must be active at the time of application (no exceptions).
 - The outstanding balance due cannot exceed \$500 (no exceptions).
- **Rental Assistance:**
 - Applicant must provide a current (less than 30 days old) notice of eviction/late rental payment that indicates past due status.
 - Applicant cannot be more than two (2) months past due.
 - Applicant's name and address must match the name and address on past due notice (no exceptions).
 - The outstanding amount due cannot exceed \$1,000.

APPLICATION FOR EMERGENCY ASSISTANCE

Instructions:

- Complete application in its entirety including telephone number, address, etc. **Incomplete applications will be denied.**
- Allow seven (7) to ten (10) business days for completed application to be processed. This DOES NOT include weekends or holidays.
- Please do not call the church regarding the status of your application as it will delay the application process.
- Once a decision has been rendered, applicants will be notified via telephone.
- Any funds awarded will be paid directly to applicant's creditor (no exceptions).
- Checks will be remitted to creditor via U.S. Postal Mail (no exceptions).

PLEASE PRINT CLEARLY

1. APPLICANT INFORMATION:

NAME: _____
FIRST
MIDDLE
LAST

STREET ADDRESS: _____

CITY
STATE
ZIP

Telephone: _____

Are you a member of THE BLVD? YES NO

If yes, please provide member number: _____

Have you applied for assistance at other agencies? YES NO

If yes, please list other agencies:

Have you previously received assistance from THE BLVD? YES NO

If yes, when? _____

List the reason(s) you are applying for Emergency Assistance (i.e. loss of job, illness, accident, etc.):

2. HOUSEHOLD INFORMATION:

List all persons living in the home with you including yourself:

NAME:	DATE OF BIRTH:	RELATIONSHIP:	TOTAL MONTHLY INCOME:

3. EMPLOYMENT AND FINANCIAL INFORMATION:

Are you currently employed? YES NO

If yes, provide name of place of employment: _____

Address: _____

Phone: _____

List sources additional sources of income (i.e. disability, unemployment, etc.)

SOURCE OF INCOME:	TOTAL MONTHLY AMOUNT:

List all monthly expenses:

EXPENSE:	TOTAL MONTHLY AMOUNT:
Rent	
Utilities	
Car Payment	
Phone	
Medical	
Other	
Other	
TOTAL:	

4. EMERGENCY INFORMATION:

RENT:

Do you have an eviction notice? YES NO

If yes, how much is required to avoid eviction? _____

Have you discussed payment arrangements with your landlord? YES NO

If yes, please explain arrangements made:

Landlord information:

Name: _____ Phone: _____

UTILITIES:

Do you have a disconnect notice? YES NO

If yes, how much is required to avoid eviction? _____

Have you discussed payment arrangements with MLGW?

If yes, please provide details of payment arrangement? _____

5. SIGNATURES AND STATEMENTS OF LIABILITY:

- I understand that I may be asked to provide additional information or verify any or all information entered on the application.
- I understand that if I knowingly provide false or fraudulent information that is used in connection with the eligibility determination for MBCC Emergency Assistance that my application will be denied and I will not be eligible to apply for assistance in the future.
- I certify that all statements on this form have been read by me or read to me and that I understand them.
- I certify that all the information provided by me are accurate, true and correct to the best of my knowledge.
- I give my permission for Mississippi Boulevard Christians Church (DOC) to contact any creditor I have listed for the purpose of verifying information given in the application for assistance.

Applicant Signature

Date