

Assistance is available for residents of Anderson County

Include the following information:

- Picture ID
- Proof Of Current Address (if it is not shown on your ID)
- Social Security Card (not mandatory)
- Last 60 days of Income Sources (pay stubs, child support papers, etc)
- For Utility Assistance: Bill (in your name)
- For Rent Assistance: Lease, Landlord Form & W-9
- Mortgage Assistance: Statement, Mortgage Holder Form & W9
- Statement of Need
- Attend Orientation
- Signed ROI (below)

Incluye la siguiente información:

- ID de imagen**
Prueba de la dirección actual, si no está en su identificación
Card Tarjeta de seguridad social O pasaporte para todos los miembros del hogar
Últimos 30 días de fuentes de ingresos (talón de cheque de pago, documentos de manutención infantil, etc.)
- Departamento de impresión de servicios sociales**
- Para Asistencia de Servicios Públicos: Factura de Servicios Públicos y Aviso de Desconexión para Asistencia de Renta: Carta del propietario completada**
- Information Información de emergencia: la razón por la que necesita ayuda de AIM: recibos de gastos médicos / reparaciones de automóviles, etc.**
- Orientación asistida**

Necesito ayuda con:

I NEED HELP WITH:

Cuál es su emergencia? (explique su situación)

- Servicio Publico
Utility
- Renta
Rent
- Comida
Food
- Ropa
Clothing
- Hipoteca
Mortgage
- Otra
Other - please list _____

Otra agencia le ha ayudado este ano?

Has another agency helped you this year?

Yes

No

Si si, quién y con qué?

If yes, who AND with what? _____

Nombre
Name _____

Numero de teléfono
Phone # _____ hm / cell / work / _____

Dirección
Street Address _____

Nombre de Apartamento
Apartment Complex Name _____

Ciudad, Estado, Código Postal
City, State, & Zip _____

Condado
County: **Anderson** **Oconee** **Pickens** **OTHER**

Cuántos personas están en su casa?
How many people are in your home? _____
Adultos _____ Niños _____
Adults _____ Children _____

Correo Electrónico
Email: _____

Estado Marital Casado Divorciado Viuda Soltera Separada Unión Libre
Marital Status: Married Divorced Widowed Single Separated Live-in

Es mujer la cabeza del hogar?
Is this a female headed household? Yes No

la iglesia?
Church? (optional) _____

RACE

AI - American Indian / Alaska Native H - Hispanic/Latino
A - Asian NH/PI - Native Hawaiian / Pacific Islander
Bi - Bi-Racial C - White / Caucasian
AA - Black / African American



Please list everyone including yourself living in your home:

Nombre Name	Relación a Ud. Relationship	Sexo Gender M/F	Raza Race	Fecha de nacimiento Birth Date	Seguro social o tax ID Last 4 of SS#	Discapacitado Disabled?	Fuente de ingresos Income Source	Servicio militar? Military Service?
1	self					No Yes.		No Vet Reserve Active
2						No Yes.		No Vet Reserve Active
3						No Yes.		No Vet Reserve Active
4						No Yes.		No Vet Reserve Active
5						No Yes.		No Vet Reserve Active
6						No Yes.		No Vet Reserve Active
7						No Yes.		No Vet Reserve Active

Employed / Un-Employed? <i>Donde?</i> YES, I have a job. Where?	NO: Unemployment Compensation?		<i>Quien?</i> Who?	<i>Cuanto tiempo?</i> How long?	<i>Cuanto le pagan?</i> How much?	<i>Cada cuando?</i> Paid
	Yes	No				
	Yes	No			\$	Weekly Bi Weekly Other
	Yes	No			\$	Weekly Bi Weekly Other
	Yes	No			\$	Weekly Bi Weekly Other

HOUSEHOLD MONTHLY INCOME

Employment \$ _____

Child Support \$ _____

Unemployment \$ _____

Retirement \$ _____

SSI \$ _____

SS \$ _____

SS Disability \$ _____

VA \$ _____

AFDC \$ _____

Utility check \$ _____

Other \$ _____

Other \$ _____

Other \$ _____

TOTAL \$ _____

HOUSEHOLD

Food Stamps: \$ _____

WIC Yes No

Medicaid Yes No

Medicare Yes No

Section 8 Yes No

My home is:

an apartment a house a room

a trailer other: _____

Housing: own buying renting

HOUSEHOLD MONTHLY EXPENSES

Housing \$ _____

Power \$ _____

Heat \$ _____

Water & Sewer \$ _____

Phone \$ _____

Internet/TV Service \$ _____

Car Payment \$ _____

Car Insurance \$ _____

Gasoline \$ _____

Child care / Support \$ _____

Loan \$ _____

Groceries / Toiletries \$ _____

Tobacco \$ _____

Other: \$ _____

TOTAL \$ _____

Release of Information (ROI): I do hereby apply for assistance from AIM as requested herein and certify that the information provided is true and accurate to the best of my knowledge. I understand that qualification for assistance is based on preset guidelines and request a determination of whether I meet or do not meet those guidelines. I understand that AIM does not discriminate on the basis of race, age, gender, creed, national origin or other discriminatory measure in making these determinations or the provision of assistance. I further understand that the providing of fraudulent, false or misleading information may result in the denial of services even if the guidelines are met. I hereby authorize AIM to release my name & other information relating to me to other agencies, organizations, and/or companies in order to obtain any assistance that might further help me. Furthermore, I authorize AIM to input my name and other information into the Charity Tracker database to check my records and case history against those of other organizations.

Firma
Signed _____

Fecha
Date _____

OFFICE USE ONLY

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- Picture ID
- Social Security Card (not mandatory)
- Proof Of Address
- 60 Day Income Source Docs (for all household adults)
- Attended Orientation

- Signed ROI (above)
- Statement of Need
- Utilities: Bill
- Rent: Lease, Landlord Form & W9
- Mortgage: Statement, mortgage holder form & W9

Application:

Initial: _____ Review: _____

Appt Date: _____