EMERGENCY ASSISTANCE APPLICATION 2017

PLEASE NOTE: Unless you are only seeking assistance for a Security Deposit, you are required to apply for assistance to the Ulster County Department of Social Services (DSS).

RUPCO will require a written denial that is signed by the DSS caseworker.

RUPCO's Emergency Assistance program is for renters who are
1 MONTH BEHIND IN RENT, OR NEED ASSISTANCE WITH A SECURITY DEPOSIT.

Application Process

1. Fill out the attached application completely.
2. You will need to provide the following documentation:
   - Signed denial from Department of Social Services, UNLESS you are applying for a security deposit.
   - Birth certificates for all household members, Social Security OR driver's license to prove identity
   - Proof of Income (4 paystubs, child support, and social security award, public assistance budget, etc.)
   - Proof of all assets (savings/checking account statements, etc.)
   - Proof of hardship or reason for nonpayment (loss of job, medical bills, etc.)
   - Landlord information

Return the application with all requested documents.

Your application will be reviewed within 72 hours and you will be called by staff to verify information and to let you know whether you are eligible for assistance. If you appear to be eligible for assistance, we will schedule an interview appointment at that time.

3. In order for us to assist you with this program, your housing must be affordable and sustainable. Staff will review your income and rent to determine affordability. **Your income should be at least 2 times what your living expense is including utilities. An EXAMPLE: Income is $1,500 – Rent and Utilities should not exceed $750.**

If you have submitted an application and would like to know your application status, please call Kim Mapes (845) 331-2140 ext. 307.

RETURN Application to:

Kim Mapes
c/o RUPCO
289 Fair Street
Kingston NY 12401

RUPCO

Strengthening Homes, Communities and Lives

www.rupco.org

2017 Emergency Assistance Initial Eligibility Screening Sheet

I need assistance with: (Please circle one) **DATE: _____**

Security **(equal to one month's rent or less)** **Rental Arrears** **(one month back rent)** **Utilities** **Fuel/Oil** **Propane**

Participant Information	
Name:	**Gender:** ☐**Male** ☐**Female**
Address:	**# of Dependents:**
City:	**Household Size:**
Daytime Phone Number:	**Date of Birth:**
Social Security #:	
Marital Status: ☐**Married** ☐**Single** ☐**Separated** ☐**Divorced** ☐**Single Parent w/children**	

Household Members (other than listed above)

Name	Relationship	Social Security #	Date of Birth

Household Income/Expenses
Please enter total amounts for All Members of the Household

Monthly Income		Monthly Expenses	
Income Source	**Monthly Amount**	**Do you have any debts or outstanding bills?**	
Employment		**Type of Expense**	**Monthly Amount**
SSI/SSDI/Social Security		TV/Internet/Cell Phone/Phone	
Unemployment		Car Expenses	
Months Remaining ☐**0-6mo.** ☐ **7-12mo.** ☐**13-18mo.**		Rent	
Veteran's Pension/Disability		Utilities (including heat)	
Child Support		Child Care	
Other Income ( )		Medical	
Other Income ( )		Groceries	
Total Income:		**Total Expenses:**	

Statistical tracking info only: This section is optional and has no bearing on your eligibility.

Race: ☐White ☐African-American ☐American Indian ☐Asian ☐Hawaiian/Pacific Islander
Hispanic ☐yes ☐no
Highest grade level completed:_____

Reason For Assistance

What is your hardship? For example: medical, job loss, reduction of hours, divorce or separation

Approximate date when the hardship began? _____

Have you applied to Ulster County Department of Social Services (DSS) for assistance?
☐ Yes ☐ No

If you are behind on rent, how many months? _____

Required Documentation:

All items must accompany the application before it can be reviewed

- **Signed denial from Department of Social Services, UNLESS you are applying for a security deposit**
- **Birth certificates for all household members, Social Security Cards or Driver's License to prove identity**
- **Proof of Income (4 paystubs, child support, social security award letter, and public assistance budget, etc.)**
- **Proof of assets (savings/checking account statements, etc.)**
- **Proof of hardship or reason for nonpayment (loss of job, medical bills, etc.)**
- **Landlord information:**

  Landlord Name:_____ Phone: (___) _____

I/We certify that all information contained in this pre-application is true and correct. I/We also give permission to RUPCO staff to review/verify application details provided with other organizations. I/We understand and agree that by signing this form, I/we consent that RUPCO can release my/our information to individuals or organizations for the purpose of services provided by the Emergency Assistance Program.

_____ _____

Signature of Applicant Date

Clients are required to provide documentation verifying this information. Failure to comply could result in assistance denial.

Return Applications To:

Kim Mapes, RUPCO
289 Fair Street
Kingston, NY 12401

(845) 331-2140, ext. 307