



**Kershaw Area Resource Exchange  
Crisis Financial Assistance Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Veteran:  YES  NO

**Contact Information:**

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Emergency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ How long have you lived at this address: \_\_\_\_\_

Email address that is checked regularly: \_\_\_\_\_

**Crisis Information:**

What has happened in the last 90 days that has caused you to seek short-term emergency assistance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have documentation of this short-term crisis?  Yes  No

What are you requesting assistance with? Power/water/natural gas/rent/mortgage

How much can you pay toward the utility or rent amount that is due? \_\_\_\_\_

If you are more than one month behind, are you prepared to pay the balance to bring your account current?  Yes  No

Is this utility bill or lease/mortgage in you or your spouse's name?  Yes  No

What social support connections do you have in the community? (Examples: Family, Friends, or Church) \_\_\_\_\_

Have you contacted any other agency for assistance with this crisis situation?  Yes  No

If yes, which agency? \_\_\_\_\_

Did they help you?  Yes  No

**Client Information Summary**      **Name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

KARE's goal is to provide you with the support needed to become financially stable. If KARE can partner with you to resolve this temporary situation, what is your financial plan going forward?

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**Employment History:**

**PLEASE BE SURE TO ANSWER EACH QUESTION IN FULL**

Present Employer		How long?	
Former Employer		How long?	
If not employed, why not and for how long?			
Spouse's Present Employer		How long?	
Other Adult in Home Former Employer		How long?	
If not employed, why not and for how long?			

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**I, the undersigned, hereby authorize representatives of KARE to give or receive any information that may be required to verify my financial or employment status. Also, I give permission to KARE to give required information to other agencies if requested.**

**I certify the information given on this 2-page application is true and correct to the best of my knowledge. In addition, I agree to participate in follow-up conversations and/or meetings regarding my crisis situation for reporting requirements to funding agencies. I understand that only non-confidential service transaction/information will be given to these funding agencies for statistical reporting purposes.**

**Applications must be completed in their entirety for KARE's Counselors to review and offer you an appointment for assistance.**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_