



Kershaw Area Resource Exchange

Assistance, Resource and Referral Confidential Application

Date: _____ Case Number: _____

Name: _____ Maiden Name: _____

Veteran: YES NO MALE FEMALE

Education: High School/ GED College Some High School

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: _____

Marital Status: Single Widowed Married Separated Divorced

Referred By: Church Friend Family Website Other Agency: _____

Describe the situation that has caused you to seek short-term emergency assistance.

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

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

If KARE can partner with you to resolve this temporary situation, what is your financial plan going forward? _____

Client Information Summary

Name: _____ Case Number: _____

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?			

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.

Printed Name: _____**Signature:** _____

Monthly Household Budget Worksheet

Please complete this form below using you average monthly expenditures.

Income (Please list amount received each wk/month)

Wages (client): \$ _____

Wages (spouse): \$ _____

Social Security (client): \$ _____

Social Security (spouse): \$ _____

Disability (client): \$ _____

Disability (spouse): \$ _____

SSI (client): \$ _____

SSI (spouse): \$ _____

SNAP/Food Stamps/WIC: \$ _____

Child Support: \$ _____

Alimony: \$ _____

Other Gov't (VA, etc): \$ _____

Pension/Retirement/Etc.: \$ _____

Financial Aid/School: \$ _____

Unemployment: \$ _____

Worker's Comp: \$ _____

LTD/STD: \$ _____

Other: \$ _____

Amount in Checking/Savings: \$ _____

Expenses (how much you spend each month)

Rent: \$ _____

Mortgage: \$ _____

Electricity: \$ _____

Natural Gas/Propane: \$ _____

Water: \$ _____

Phone Amount: \$ _____

Cell phone Amount: \$ _____

Cable/Internet: \$ _____

Groceries: \$ _____

Restaurants: \$ _____

Car Payment: \$ _____

Automobile Gas: \$ _____

Medications/Vitamins: \$ _____

Doctor/Dental Bills: \$ _____

Life Insurance: \$ _____

Health Insurance: \$ _____

Homeowner's/Renter's Insurance: \$ _____

Auto Insurance: \$ _____

Loans: \$ _____

Credit Cards: \$ _____

****Please use the back for any additional expenses****

Total Income: \$ _____

Total Expenses: \$ _____

Total Income minus Total Expenses: \$ _____

Please read and sign below:

I certify the information on this budget form to be true and correct to the best of my knowledge.

Printed Name: _____

Signature: _____

Date: _____

For Office Use Only:

Case #: _____

Form updated 10/2020