

DECATUR PRESBYTERIAN CHURCH

205 Sycamore Street
Decatur, GA 30030



THRESHOLD MINISTRY

Application for Financial Assistance DeKalb County ARP Grant



You may complete this form online here. Alternatively, you may print this form and provide complete information. Scan (or take a picture of) each page and all documentation. Email completed application to ARPinfo@dpchurch.org. If you have questions about the application process or need help filling out the form please email ARPinfo@dpchurch.org (in your email please provide your phone number and email address).

Part 1: Applicant Information

Date: _____
 First Name: _____ Last Name: _____ Middle Initial: _____

Phone Number: _____
 Email Address: _____ @ _____
 Soc. Sec. Number: _____
 Date of Birth: _____

If your application for financial assistance is approved, are you willing to attend financial counseling sessions? Yes No

Household Composition—Please provide names and ages in the categories below.

Children	Persons with Disabilities	Other Household Members

Please provide information on household member(s) living with disabilities. Attach documentation if you have it.

Name (Age)	Nature of Disability	Impact on Activities	Documentation Attached?

Household Income – please list total for each Source for all household members. Give employer information for each employment. If more than 2 employers, please continue on the reverse side of this page.

Source	Total Household Amount	Frequency (e.g., monthly, hourly)	Notes
Social Security			
Soc Sec Disability			
Alimony			
Child Support			
Employment			
Other (source?)			

Employer Name: _____
Employer Address: _____
Employer Phone: _____
Employer Email: _____ @ _____

Employer Name: _____
Employer Address: _____
Employer Phone: _____
Employer Email: _____ @ _____

Other Financial Assistance Received in Past 12 months

Have you received financial assistance from any other organization in the last 12 months?
 _____ Yes _____ No

If yes, please provide details of the organization(s) that helped you, the type(s) of assistance, and the amount(s) provided.

Nature of Current Financial Need (Check All That Apply)

- _____ **Rent/Mortgage Assistance -- Please complete Part 2**
- _____ **Utilities -- Please skip to Part 3**
- _____ **Communication (phone/internet/other) – Please skip to Part 4**
- _____ **Transportation – Please skip to Part 5**
- _____ **Related expenses (please describe, continue reverse if needed)**

Part 2: To Be Completed if Request is for Rent/Mortgage Payment Assistance

Housing Status: _____ Unhoused/literally homeless
(Choose one) _____ At imminent risk of homelessness
_____ Fleeing domestic violence
_____ Staying in hotel/motel
_____ Renting
_____ Homeowner
_____ Semi-Homeless (In/Out of Temporary Housing)

If Renting: Landlord and Rental Details

Management Company: _____
Rental Management Co. street address: _____
City/State: _____
Zip code: _____
Property manager: _____
Manager's phone: _____
Manager's email: _____ @ _____

Monthly rental fee: _____
Do you have a housing voucher: _____ Yes _____ No
Number of months of rent owed: _____
Have you received a move out notice? _____ Yes _____ No
Have you received a dispossession warrant? _____ Yes _____ No

If Homeowner: Mortgage Details

Mortgage Company: _____
Mortgage Co. street address: _____
City/State: _____
Zip code: _____
Mortgage co. contact: _____
Contact's phone: _____
Contact's email: _____ @ _____

Monthly mortgage payment: _____
Do you have a housing voucher: _____ Yes _____ No
Number of months of mortgage owed: _____

Part 3: Complete if Requesting Assistance with Utilities

For what type of utilities is assistance requested:

- Natural Gas Water Electricity
 Sewer Sewer Other (Specify _____)

Please provide details on what utility bills you are requesting assistance with and how much is owed. If approved for utility assistance, you will be asked to provide account details and a copy of a current utility bill.

Part 4: Complete if Requesting Assistance with Communications

Please describe the type of Communications Assistance with which you need help. This may include assistance purchasing devices that enable you to communicate with others (e.g., a tty phone), home internet access, payment of cell phone bills, and other communications needs. If you are approved for Communications Assistance, you will be asked for further details and supporting documentation.

Part 5: Complete if Requesting Assistance with Transportation

For what type of transportation is assistance requested:

- MARTA Bus/Train (Long Distance) Lyft/Uber/Taxi Marta Mobility
 If you need help with expenses for an automobile, please explain:

Please describe the type of Transportation Assistance with which you need help. Please note, payment for expenses may be limited, and Transportation Assistance will NOT be provided for the purchase of an automobile. If you are approved for Transportation Assistance, you will be contacted and asked for further details and appropriate documentation.

Part 6: To Be Completed by ARP Assessment Committee Member

Name of Interviewer: _____ Date _____

Reviewed by ARP Comm. Member: _____ Date _____

Was complete documentation attached? ____ Yes ____ No

If yes, please list all documentation provided.

If no, please explain. Add an additional sheet if needed.

Is a policy exception required? ____ Yes ____ No

If yes, please explain. Add an additional sheet if needed.

Part 7: To be Completed by DPC Staff Member on ARP Assessment Committee

Approval of Application:

____ Approved

____ Disapproved

If approved:

Date approved

Amount of Aid _____

If disapproved, give brief explanation of rationale. Add an additional sheet if needed.

DeKalb County Required Reporting:

Date submitted

(Attach documentation)

Required Information for Rental/Mortgage Assistance:

Documentation

Completed (Date)

1. Document with client named as lease/mortgagee
2. Name and mailing address of landlord/mortgage holder
3. Complete information for making out the check to Payee (e.g., landlord/mortgage holder); checks should never be made payable to applicant.

Documentation of Any (Mental/Physical) Disability

ARP Assessment Committee Notes