



# EMERGENCY FINANCIAL ASSISTANCE APPLICATION

## PERSONAL INFORMATION

Applicant Name:		Date:	
Client Name (If Different from Above):		Hemoglobin Type:	
Address:		City, Zip:	
Date of birth:	SSN:		
Contact Information	Home Phone:	Work:	Cell:
	Email:		
Type of Emergency Assistance Requested: <input type="checkbox"/> Rent/Mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Other (please list):			
Amount of Bills or Payment: \$		Amount Requested: \$	
Own    Rent    (Please circle)	Monthly payment or rent:		How long?
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe the nature of the emergency:			
Describe how assistance will help resolve the current situation:			
How has the applicant tried to handle the problem? Mention other assistance accessed recently (cap, trustee, multi-services centers, etc.):			
<b>Income</b> Number of people in your household _____ (Include yourself, your spouse and your dependents)  What is your total combined household income? \$_____ Monthly or \$_____ Yearly (Include yourself, your spouse and your dependents)			
By signing below, I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained within to be shared with Baton Rouge Sickle Cell Anemia staff.			
Client/Guardian Signature:		Date:	
PAYMENT TO BE ISSUED TO: (Should be landlord, mortgage or utility company or other qualified vendor) Please include a copy of the mortgage coupon, rent receipt, or current utility bill:			
<b>BRSCAF USE ONLY:</b>			
Vendor Name:	Account Name:	List all dates of prior emergency assistance from this fund in last 3 years:	
Account Number:	Payment Address:		
BRSCAF Staff Signature:		Date:	
President/CEO Signature:		Date:	
Date Check Issued:	Check #:	Date:	
FAP Application Number: FAP 1012-	Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	Amount Approved: \$	