

# Pine County Emergency Addendum

First & Last Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

**Part A – Residence:**

What is your current street address: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_

If less than 30 days, please provide previous address: \_\_\_\_\_

How long did you live at that previous address: \_\_\_\_\_

**Part B – Emergency Description:**

Please explain, in detail, what caused the emergency: \_\_\_\_\_

Did you have a recent change in your household that caused money problems? Yes or No

If yes, Can you provide proof of this change? Yes or No

Did you have a recent uninsured loss? Yes or No

**Part C – Available Means:**

Have you applied or received help through any of the following agencies:

Church's	Yes	No	Salvation Army	Yes	No
Food Shelves	Yes	No	Fuel Assistance	Yes	No
Lakes & Pines (Emergency or other funding)	Yes	No	United Way 2-1-1 (Formally First Call for Help)	Yes	No
Heat Share	Yes	No	Friends/Family	Yes	No
Income Taxes (Filed)	Yes	No	Other (List)	Yes	No

**Part D – Housing Questions:**

1. Do you have a housing emergency? Yes or No If no, please skip to **PART E**
2. Do you currently live with a family member who owns the property? Yes or No
3. Do you rent? Yes or No If no, please go to **QUESTION 4**  
 Have you received an eviction notice? Yes or No
4. Do you own your home? Yes or No If no, please skip to **PART E**  
 Do you have a foreclosure notice? Yes or No  
 Have you tried to refinance? Yes or No  
 Do you have a denial from a lender? Yes or No

**Part E – Utility Questions:**

1. Do you have a utility shut off notice or do you have another utility emergency (ie: fuel fill)? Yes or No If no, please skip to **PART F**  
 Name of utility companies: \_\_\_\_\_  
 How much is needed to resolve emergency? \$ \_\_\_\_\_
2. Is your utility shut off already or is your fuel tank at/below 10%? Yes or No
3. List everyone whose name is on utility account: \_\_\_\_\_

**Part F – Declaration and Signatures:**

I declare that I have examined the Pine County Emergency Addendum and to the best of my knowledge and belief, it is true and correct statement of every material point.

Applicant or Authorized Representative Signature:	Date:
Financial Worker Signature:	Date:

**Please note: Verifications requested and additional questions are listed on the next page. →**

Please list all household expenses for the last two months (last 60 days).

**You must provide receipts for all purchases and payments as proof.**

**LAST MONTH**

**THIS MONTH**

_____	_____
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- Housing: Rent, Mortgage, Insurance, Taxes, etc.
- Electric
- Fuel: Gas, Propane, Fuel, etc
- Garbage
- Water/Sewer
- Cable/Satellite/Dish
- Phone
- Cell Phone
- Internet
- IRS Payment
- Vehicle Payment: Loan
- Vehicle Insurance
- Vehicle Maintenance
- Vehicle: Gas Expenses
- Loan Payments: \_\_\_\_\_
- Credit Card Payment: \_\_\_\_\_
- Life Insurance Payments
- Medical Expenses: Bills, insurance premiums, etc.
- Charitable Contributions
- Groceries
- Dining out: business or pleasure
- Home Maintenance Expenses: upkeep, lawn services, etc
- Household Purchases: tools, furniture, appliances, etc
- Clothing
- Educational Expenses: supplies, lunches, etc
- Personal Care Products: shampoo, soap, deodorant, etc
- Personal Services: hairdresser, nail technician, etc
- Gifts: Christmas, Birthday, Anniversary, etc
- Entertainment: movies, games, etc
- Subscriptions: newspaper or magazine, etc
- Alcohol or tobacco purchases
- Pet expenses: food, vet bills, etc
- Child Care expenses
- Misc Purchases: books, etc
- Other: \_\_\_\_\_

**Client Verifications required checklist:**

- Proof of emergency: shut off notice, fuel receipt/bill, eviction notice, foreclosure paperwork, etc
- Gross income verification from the last 60 days: pay stubs, award letters, self-employment proof, etc
- Proof of what caused your emergency, if applies.

*Additional verifications may be requested by Pine County at any time, please note.*

<b>Agency Use:</b>	
_____	_____
<b>Total Expenses Reported &amp; Verified</b>	
<b>Total Income Reported &amp; Verified</b>	
<b>Is income under 200% FPG?</b>	<b>Yes or No</b>
<b>Is emergency cost effective?</b>	<b>Yes or No</b>
<b>Emergency approved?</b>	<b>Yes or No Amount: \$</b>