



Homeless and/or Prevention or COVID 19 Eligibility Application

Welcome to CONNECT Ministries Homeless Citizens Reentry Assistance Program(HCRI). If you can meet the criteria below, you may be eligible for assistance. If you reside within Knox County/ City Limits, have experienced verified income loss due to COVID-19 or proof that you are at risk for becoming homeless, we can assist in preventing homelessness.

To apply for this program, you must provide the following documentation for **EVERY PERSON IN YOUR HOUSEHOLD if applicable** in person, fax, via mail or e-mail

Please **Check All the boxes**

- Documentation from your employer stating you were laid-off/furloughed, fired, your hours were cut and or lost your job due to COVID-19
- Latest Income Tax return. (See below if you do not make enough to file taxes.)
- Social Security Administration notice of benefits or copy of a recent Social Security check or stub (if disability applies).
- Last 2 bank statements for all checking, and or savings account,. (See below if you do not have checking or savings accounts.)
- Order of Protection if Fleeing Domestic Violence
- Eviction Notice- If moratorium has been lifted by state, local or federal government
- Pay stubs from the last 3 months, or copies of any other sources of income.
 - o If you are paid every week, we would need 12 pay stubs.
 - o If you are paid every two weeks, we would need 6 pay stubs.
 - o If you are paid once a month, we would need 3 pay stubs.
- Copy of your lease-(for assistance or supportive documentation of homelessness)
- Copy of driver's license or photo ID.

***Cross out all account and Social Security numbers for your safety if faxing or emailing.**

You may email documents to monicared@comcast.net Scans and clear photos of documents are acceptable. Documents must be readable.

Once your documents are received, we can then determine if you are eligible. You cannot be considered for this program until we receive **ALL** the above documentation except for the following:

Sincerely,

Monica S. Reed

Monica S. Reed,
Chief Operating Officer- 865-851-8005 extension -104



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Name _____ Address _____ Zip _____

Phone Number _____ Email _____

DOB _____ Homeless: Yes No # in your household _____

Where do you currently reside? _____

Head of Household? Yes No Married Yes No

Race B W H Other -Sex: Male Female Other _____

Employed? Yes No Monthly Income _____

Unemployment due to COVID-19 Yes No

I need assistance for-Check all that apply: Rent Utilities Mortgage Damage Deposit

Application Fee Other _____

Below Eligible Household Members

o Name of HOUSEHOLD MEMBER OVER 18 who does not submit income taxes.

▪ _____ Printed Name

▪ DOB _____ SS# _____

o Name of HOUSEHOLD MEMBER Minor who does not submit income taxes.

▪ _____ Printed Name

▪ DOB _____ SS# _____

o Name of HOUSEHOLD MEMBER

▪ _____ Printed Name

▪ DOB _____ SS# _____

o Name of HOUSEHOLD MEMBER

▪ _____ Printed Name

▪ DOB _____ SS# _____

o Name of HOUSEHOLD MEMBER

▪ _____ Printed Name

▪ DOB _____ SS# _____

I do not have a savings or checking account, and therefore cannot provide bank statements.

Applicant please sign that you know the above statement is true and accurate.

Signature (applicant)

Print Name

Date