



EBLEN CHARITIES UTILITY ASSISTANCE INTAKE PROCESS

1. Applicant will provide a copy of their ID card.
2. Applicant will complete the client intake form in full.
Refer to bottom of client intake form for all documents required when applying for assistance.
3. Applicant will provide a copy of award letters from BC Dept of Health and Human Services (CIP, LIEAP, BC DHHS ERA programs).
If no award letters are available, applicant will need to complete the Authorization to Release Information form.
4. Applicant will provide documentation of income received in the past month (paystubs, SSA/SSDI/SSI award letters, child support agreements, alimony agreements, retire
5. retirement/annuity payments, etc.)
If there is no income, applicant will need to complete the Attestation for No Income form.

For rent:

6. Applicant will complete the top portion of the first page of the Rental Assistance Form.
7. Applicant will take Rental Assistance Form to landlord for the bottom portion of first page and W-9 on back page of Rental Assistance Form to be completed by landlord.
8. Ensure landlord provides copy of lease agreement and rental ledger.

For mortgage:

9. Applicant will provide a copy of current mortgage statement.

For utilities:

10. Applicant will provide a copy of the current bill.

Once ALL documentation is received, then a request for assistance will be considered complete and an interview will need to be completed. (3 phone call attempts will be made over a 3 working day period. If no contact, the request will be closed, and the process will have to start all over.)



CLIENT INTAKE FORM

Name **Date**

Street Address

City **State** **Zip**

Email

Phone Number **Date of Birth** **Number of persons in residence**

Are you a veteran? YES NO **Do you receive Medicaid?** YES NO

Crisis/Reason for Assistance

Please provide the following with each request: copy of applicant ID, income verification for past month

For utility requests: hard copy of utility bill, CIP/LIEAP award letters for heating/cooling assistance

For rental requests: hard copy of lease agreement, rent ledger, rental assistance form, BC DHHS ERA award letter

For mortgage requests: hard copy of current mortgage statement (MUST be delinquent), BC DHHS ERA award letter



Self-Attestation for No Income

I _____ certify that I have not been employed or self-employed (earned income), completed any odd jobs, or had any other source of income (SSA/SSDI/SSI, child support, retirement income) etc.

Income last received:

On (date) _____ in the amount of \$ _____

From (individual/company name) _____

*******ATTESTATION*******

I attest that the above statement about myself, which relates to my eligibility for assistance, is true and correct to the best of my knowledge.

Applicant Signature

Date

Eblen Employee Signature

Date



AUTHORIZATION TO RELEASE INFORMATION

Applicant Name: _____

Date of Birth: _____

I hereby authorize the release of information from Buncombe County Department of Health and Human Services (BC DHHS) to provide Eblen Charities with all information confirming assistance has been provided or funding is unavailable to assist with:

- Rental assistance
- Mortgage assistance
- Water assistance
- Energy assistance

Applicant Signature

Date

I _____ (BC DHHS Employee) do OR do not confirm that funding has been exhausted or is not available to assist _____ (Applicant's Name) with rental assistance, water assistance, and/or energy assistance.

Funding will be available at BC DHHS: _____

BC DHHS Employee Signature

Date

BC DHHS Employee Printed Name

Phone Number