



Eblen Charities helps with housing and utility assistance for people living with low-incomes or who have experienced a crisis or hardship. We help with past-due rents and mortgages, and overdue utility bills.

To apply for housing and/or utility assistance, please complete the following process. We do not begin work on an application until all information and needed documentation is complete.

Please:

- Complete the client intake form (for both utility and housing assistance)
- Provide a copy of your identification (license, etc.)
- **If you are applying for housing assistance** as a renter, please have your landlord complete the bottom half of the form after you have completed your portion. They should also complete the attached W-9 form.
  - Provide a copy of your lease agreement & rental ledger.
  - If you have a mortgage, please provide a copy of the most recent statement.
- **If you are applying for utility assistance**, please provide a copy of the bill with the past due amount.
- Please provide information about your income in the last 30 days – pay stubs, check copies, SSDI award letters, etc. If you have had no income in the last 30 days, please complete the attached “Attestation for No Income form”.

Once we have received a complete application, you will be contacted by email and/or phone to do a short interview with us. Payments are made directly to the vendors on your behalf.



# Client Application Form

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Legal Name

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Address

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City

State

Zip Code

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Email Address

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Phone Number

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Date of Birth:

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Are you a veteran?

Yes

No

Is there a Medicaid recipient in your household?

Yes

No

**Are you applying for:**

- Housing Assistance
- Utility Assistance
- Both

**Please describe the reason you need help from Eblen Charities, and what kind of help you are requesting:**

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## Self-Attestation for No Income

**If you have received NO income in the last 30 days, please complete the top part of this form.**

I, \_\_\_\_\_ certify that I have not been employed or self-employed (receiving earned income), completed any odd jobs, or had any other source of income (SSA/SSDI/SSI, child support, alimony, retirement income, etc.) in the last 30 days.

I attest that this statement about myself, to determine eligibility, is true and correct to the best of my knowledge.

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Signature

Date

**If you have received income in the last 30 days, please complete the bottom part of this form.**

I have received the following gross income on (date) \_\_\_\_\_ for  
\$ \_\_\_\_\_ from (individual or company name) \_\_\_\_\_.

**Please provide supporting documents to verify income (pay stubs, etc.)**

I attest that this statement about myself, to determine eligibility, is true and correct to the best of my knowledge.

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Signature

Date

Reviewed by:

on: \_\_\_\_\_

(Eblen Charities staff)

Date

Eblencharities.org  
[info@eblencharities.org](mailto:info@eblencharities.org)

23 Hamilton Street \* Asheville, NC 28801

828.255.3066  
828.255.3776 (Fax)



## To be completed by the landlord

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

I understand that the client named above is applying for housing assistance through Eblen Charities. The funds are being requested for (please check):

- Deposit funds
- First Month's Rent
- Past Due Rent or Mortgage.

Upon signature, the landlord agrees to accept \$ \_\_\_\_\_ on behalf of named client to help the client in avoiding eviction; or to be able to take possession of the rental unit. Their monthly rental costs are \$ \_\_\_\_\_ and I agree to accept \$ \_\_\_\_\_ to maintain their housing for the next 30 days. The original amount was -due on (date) \_\_\_\_\_.

Landlord Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of landlord

\_\_\_\_\_  
Date

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b> <b>See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>	
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code		
	<b>7</b>	List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they