



Administrative Office
5827 Orleans Rd
Orleans, MI 48865
P: (616)754-9315
F: (616)754-9310
www.eightcap.org

A Community Action Agency

EightCAP, Inc. Emergency Assistance Application
For all Housing Emergencies, please call the Housing Hotline
1-866-754-9315 ext. 3335

To apply for assistance you must submit this application by mail, fax, or email to the local EightCAP, Inc. office. Once your application has been reviewed, you will be contacted by an EightCAP, Inc. staff member, within 7 business days, to set up an appointment, or if not eligible for any of our programs, will be given additional resources for assistance. Appointments will be scheduled in the order complete applications are received.

If all required documents are not submitted, the application process will be halted until all information is received by EightCAP's Community Services Offices.

Required Information:

- If you need assistance filling out this application, please contact the nearest EightCAP Office for help.
- Applicant must be 18 years of age or older.
- **ALL PAGES OF THIS APPLICATION MUST BE COMPLETED ENTIRELY AND RETURNED TO THE NEAREST EIGHTCAP OFFICE.**
- Applicant must sign and date the application.
- Proof of **all** household income. **This must be all income for the past 90 days.**
- A copy of the bill(s) you are seeking assistance for.

Acceptable Proof of Income

Earned Income (wages from job or self-employment for the past 90 consecutive days):

- Pay Stubs: Provide 6 pay stubs if paid every two weeks; provide 13 pay stubs if paid every week; an employer print out can also be submitted. A letter from your employer is acceptable, but it must be on company letterhead, signed and dated by an authorized supervisor.

Bank statements are not acceptable

All Earned Income must include the employee's name, employer/source name, dates of pay period, and gross amount of pay (including tips if applicable)

- Self-Employed individuals must provide the previous year's state income tax forms including the current (past 90 days) profit and loss statement as proof of income.

Unearned Income:

- SSI, Social Security, RSDI, SSDI and/or Pension: You must provide your 2021 Social Security Benefit Verification Letter and/or current year's Pension Letter/Statement. Child Support: You must provide MICase print off from DHHS or the Friend of the Court showing the past 90 days of income. Bank statements will not be accepted.
- Unemployment: You must provide the current UIA print off or current UIA Award Letter.
- Cash Assistance: You must provide DHHS Case Action Letter showing the past 90 days of income.
- Adoption Subsidy/Direct Care through the State of MI: You must provide a copy of the pay stubs/remittance for the past 90 days.
- Worker's Compensation: You must provide Worker's Compensation pay stubs for the past 90 days.
- Alimony or Spousal Support: You must provide divorce agreement or MICase statement.
- Interest, Annuities or Dividends: You must provide current bank statement.
- Other: Cash payments from employment, cash from family or friends, etc. (A written statement including employer/family member name, address, and phone number be provided)

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No Income:

- If the total household has zero income for the past 90 days, the “applicant” must indicate this in the Income Verification Section by writing “No Income” in the income section.

Acceptable Proof of Identification and SS Card

DO NOT MAIL ID OR SOCIAL SECURITY CARD TO EIGHTCAP.

Numbers for all household members will be obtained during initial phone call.

Current Identification (must have picture):

- Valid Driver’s License or State issued ID or School ID or US Military Card or US Passport

Social Security Card:

- Social Security Card for the “applicant.” Name on Social Security Card must match both the application and identification provided.
- If “applicant” does not have a Social Security Card, provide the letter from the Social Security Administration showing they have applied for a card.
- A Social Security Award Letter can be used if all nine digits of the Social Security number are present at the top of the page.

Name:			Phone:		
First	Middle Initial	Last	Please include message number if applicable		

Address:				
Street/Road Address	Apt #	City	State	Zip
County:		E-mail:		

List all household member’s names including applicant (First, M.I., Last)	Relationship to Applicant	Date of Birth	Male/Female	Race	Highest Level of Education	US Citizen
	Self					Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

What is your emergency need? (list all that apply) _____

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Income Verification

Household Member with Income	Type of Income (If employed, name of employer)	How Often Received (weekly, bi-weekly, monthly, etc.)	Gross Monthly Income (Amount before taxes and expenses)
		Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
		Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
		Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
		Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
		Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Total Gross Income:			\$

Eligible Income Expenses

Has your household paid any of the following expenses in the past 90 days? Yes No
 If yes, check all that apply and attach documentation proof.

Health Insurance Premiums	Amount \$	Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
Court-ordered Child Support (Amount you paid)	Amount \$	Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
Out-of-pocket Childcare Cost	Amount \$	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
Deductions required by employer (Union dues, uniforms, etc.)	Amount \$	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>

Has there been any, or do you expect any changes in your household's income in the next 30 days? (Please provide verification from employer of this change.)

Yes No
 If yes, explain:

I "applicant" give EightCAP, Inc. consent to release, obtain, and share all pertinent identifying and non-confidential social, medical, and other information about myself and information I have provided about additional family members that will allow me and my family to benefit from services offered. In granting such permission, I understand such information will remain confidential and will only be used for my benefit to benefit other members of my family. Only authorized personnel will share client information needed for service delivery, to track demographic trends, service patterns and the client outcomes achieved. I release EightCAP, Inc. and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. Unless I make a formal request to EightCAP, Inc. that I no longer want to participate in the services offered, this release will remain in force 3 years from today. The statements made by me on this consent form are true, correct and complete to the best of my knowledge.

CAA, its agent, partners and funding sources do not discriminate on the basis of race, color, sex, religion, nationality, disability, or marital status. If you, the applicant, feel you were treated unfairly or denied service(s), please notify the agency in your county of residence to appeal and request a fair hearing. Your application will be properly reviewed to determine eligibility based on the required documentation provided.

The Department of Health and Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs, or disability. If you need help with reading, writing, hearing, etc. under the American with Disabilities Act, you are invited to make your needs known to a DHHS office in your County.

I hereby make application for the Michigan Energy Assistance Program (MEAP). I understand there may be a delay in processing if there is missing information. The MEAP crisis season runs from November 1st to May 31st therefore emergency assistance may not be available June 1st through October 31st. I understand I have (7) seven calendar days to provide all verifications request and failure to provide the above information may result in denial of my application. I understand giving false information can result in referral to the prosecutor for fraud. I understand my application may be one of those chosen for a complete investigation. Any agency or department representative may call me at my home and may contact other people in order to verify my eligibility for assistance. I authorize my energy company to release by phone, fax, e-mail or their computer web site all available information about my account. UNDER PENALITIES OF PERJURY, I SWEAR OR AFFIRM THAT THIS APPLICATION HAS BEEN EXAMINED BY, OR READ TO ME. IF I AM A THIRD PARTY APPLYING ON BEHALF OF ANOTHER PERSON, I SWEAR THIS APPLICATION HAS BEEN EXAMINED BY, OR READ TO THE APPLICANT AND TO THE BEST OF MY KNOWLEDGE THE FACTS ARE TRUE AND COMPLETE.

Signature of Applicant:

Date:

Signature of Staff:

Date:

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Checklist of required items (If required information is not submitted, processing this application will be delayed until information is received)

- Completed application with signature and date
- Proof of **ALL** household income for 90 days
- Current phone number to verify assistance
- DHHS Decision Notice
- ALL** supporting documentation (proof of income, invoices, etc.)
- MUST** bring actual Social Security Card with current ID for applicant to appointment

EightCAP, Inc. requires 10 days for processing a completed application. If there are any missing required documents, the application will be halted until all needed information is received. This will delay the emergency assistance decision.

Mail, Fax, or E-mail **COMPLETED** Emergency Assistance Application **AND** required documentation to the following address listed below:

EightCAP, Inc.
Attn: Tasha Kowalski
5827 Orleans Rd.
Orleans, MI 48865
E-Mail: emergency@8cap.org
Phone: (616) 754-9315 ext. 1302
Fax: (616) 754-9310

OR Drop off applications at your local EightCAP, Inc. office. Information for county offices are listed on page 1 at the top of the page.

EightCAP, Inc. Staff Only				
Vendor	Date Received	Date Completed	Client Portion & Date Given	Date & Time of Appointment