Crisis Money Request Form

Name: _____

Address: _____

City: _____ **Phone #:** _____

Email Address: _____

Type of Assistance Requested:

___Utility ___Water ___Rent ___Furnace ___Deposit ___Garbage/Landfill

Other _____

Vendor/Landlord: _____ **Phone #:** _____

Explain in detail the nature of your crisis: _____

_____

_____

Total amount needed: $_____ **Amount client can pay:** $_____

Client must pay their portion in full before Mid-Sioux Opportunity, Inc. can guarantee their portion. Client must notify Mid-Sioux Opportunity, Inc. once payment is made. Client payment must be made within 30 days. After 30 days, application is void and client must reapply.

If you have not applied for LIHEAP, you will need to submit the last thirty days of income or your tax return. A copy of the bill must be provided with your request for assistance. For rent, we will contact your landlord for a form that must be filled out and signed by them.

I certify under penalty of perjury the above information is true. I give permission to the Community Action Agency to acquire additional information and to share information with my fuel and electric vendors and landlord, and other organizations for the purpose of providing services to assist my household. This share of information is to be conducted with the maximum respect for the confidentiality of the information contained in this application. I further certify the following: I declare that I am the only person in the household who has or will apply for this program. Any willful misrepresentation of the information on this form is subject to a penalty of law. I understand this statement. The above statements are true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Office Use Only:

Communication & dates with the vendor/landlord: _____

_____

_____

_____

Funds Reserved on Spreadsheet:

$_____County $_____ECIP $_____United Way $_____United Way Match

$_____Hometown $_____I-Care $_____RECare $_____Project Share

Updated 9/26