

Please complete the following application and return New Vision Community Development Corporation. If you have any questions please contact Mary Benjamin at 843-343-4343

Name: _____

Address: _____

Phone: (home) _____ (cell) _____

Date of Birth: _____ Age: _____ Email: _____

TO OBTAIN ASSISTANCE THE ACCOUNT MUST BE IN THE NAME OF THE PERSON APPLYING.
THE PERESON APPLING FOR ASSISTANCE MUST BE THE OWNER/RENTER AND RESIDENT OF
THE HOME! YOU ARE ONLY ABLE TO APPLY FOR ONE FORM OF ASSISTANCE.

Type of assistance you are requesting: Rent/mortgage Utilities Food

Have you applied for other assistance? Yes/No if yes from whom? _____

How many months are you behind? _____

If requesting assistance with RENT/MORTGAGE:

What is the monthly amount of Rent/Mortgage: _____

Name of Landlord/Mortgage company: _____

Address: _____

City: _____ State: _____ Zip: _____

Your account number: _____

If requesting assistance with UTILITIES:

Name of Utility company: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____

If requesting assistance with FOOD:

Do you receive SNAP Benefits? Yes _____ No _____

Your Signature: _____ Date: _____

Office worker only:

Intake signature: _____

Comments: _____

List all persons living in the home:

Name: _____ DOB _____ SSN: XXX_XX _____

Name: _____ DOB _____ SSN: XXX_XX _____

Name: _____ DOB _____ SSN: XXX_XX _____

Name: _____ DOB _____ SSN: XXX_XX _____

Volunteer Management

(This form should be completed by recovery group staff or coordinators in conjunction interview of homeowner.)

ACCEPTANCE OF ASSISTANCE AND RELEASE OF LIABILITY WAIVER

Name of Person Applying for assistance: _____

Phone: (Day) _____ (Evening) _____

Address: _____ City/St: _____ Zip: _____

Are you requesting assistance for an elderly or disabled person? Y/N If Yes are you the legal representative of the person? Y/N (If yes please attach power of attorney paperwork)

Please initial below:

_____ I am the owner/renter and occupant of the above listed property. I accept the assistance offered from the volunteers and contracted workers representing the New Vision Community Development Corporation (NVCDC).

_____ I understand I am requesting assistance and have not been promised or guaranteed assistance.

_____ I understand assistance, if granted, is a one time award and will not be available after the initial award.

_____ I understand I must have a valid account/lease and must produce the required documentation prior to assistance being provided.

_____ I understand NO MONEY WILL BE GIVEN DIRECTLY TO ME. ALL ASSISTANCE WILL BE PAID DIRECTLY TO THE MORTGAGE COMPANY, LEASING AGENT OR UTILITY COMPANY ON MY BEHALF.

_____ I allow volunteers from NVCDC to act on my behalf with the respective company. In consideration of the volunteer services to be rendered to my by the volunteers, I the undersigned, release and agree to hold harmless the New Vision Community Development Corporation and any related agency, contractor and all persons representing the previously named group from any liability, injury, damages, accident delay or irregularity to the aforementioned volunteer services.

_____ This release covers all rights and causes of action of every kind, nature and description, which the undersigned ever had, now has, or, but for this release, may have. This release binds the undersigned and his/her heirs, representatives and assignees.

Assistance requested is: (Circle one) Rent/Mortgage Utility Food

Owner Signature: _____ Date: _____

Witness or Representative of NVCDC Organization:

Signature: _____ Date: _____