



# TMCS COMMUNITY RELIEF APPLICATION

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

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

How long have you lived at this address? \_\_\_\_\_ years \_\_\_\_\_ months

Tipp City  Monroe Township  Bethel Township

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

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Number of people (including client) living in household: \_\_\_\_\_

List Names, ages and relationship below (use back of this form if needed):

Name	Age	Relationship

Assistance Requested:	Amount Requested:	Amount Approved:	Items Attached:
<input type="checkbox"/> Rent	\$	\$	<input type="checkbox"/> Lease, Photo ID
<input type="checkbox"/> Utilities	\$	\$	<input type="checkbox"/> Utility Bill, Photo ID
<input type="checkbox"/> Prescriptions	\$	\$	<input type="checkbox"/> Prescription, Photo ID

**CLIENT ACKNOWLEDGEMENT** (Please read and sign below.)

I hereby understand that Tipp-Monroe Community Services administers the Community Relief Social Service Program that provides help one time during a twelve month period with rent, utilities, or prescriptions. This program is funded solely by area churches, foundations, the United Way, local organizations and private donations. These social service programs have no connection and/or support from any state and/or federal programs.

I understand that any referral to outside agencies or alternate sources of assistance is purely informative.

I understand and acknowledge that eligibility for Community Relief Program participation is determined by household. "Household" is defined by TMCS to include the individual applying for the assistance as well as all individuals residing in the home at the time this application is signed by the applicant. The approval for assistance by TMCS any community relief program is counted against all individuals identified on the application as residing in the home.

I further understand and acknowledge that a household may receive assistance not more than one time during a 12 month period. from one of the three aforementioned Community relief programs. I understand and acknowledge that a household may receive help from the Community Relief Program not more than three times total, with a lifetime total of \$500.

I hereby affirm that all of the information that I have provided is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
TMCS employee signature

\_\_\_\_\_  
Date

## OFFICE USE ONLY

Make check payable to:

\_\_\_\_\_  
\_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check # \_\_\_\_\_

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

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

Business/Landlord Contacted:

Yes  No Date: \_\_\_\_\_

Client Notified:

Yes  No Date: \_\_\_\_\_

Ledger

CR Database Updated

Date: \_\_\_\_\_ Intls. \_\_\_\_\_

ADDITIONAL NOTES: