



APPLICATION FOR EMERGENCY ASSISTANCE
(Franklin County residents only)

Application Date:	
Church/Agency:	Telephone:
Email:	

CLIENT'S NAME:	
Client Phone Number:	
Maiden Name <i>(if applicable)</i> :	
Social Security Number:	
ID # <i>(if no ss#)</i> :	
Date of Birth:	
Street Address:	City <input type="checkbox"/> County <input type="checkbox"/>
How long lived at this address:	
Number of bedrooms in house/apartment:	
Prior Address <i>(including City, State)</i> :	
Name of Employer:	
How long employed:	
List place of last job:	
List dates of last job:	
Church Affiliation:	

SPOUSE'S NAME: <i>(includes roommate/significant other)</i>	
Social Security Number:	
ID # <i>(if no ss#)</i> :	
Date of Birth:	
Name of Employer:	
How long employed:	

OTHERS IN HOUSEHOLD *(who are living in the household and are NOT otherwise listed above):*

Name <i>(including first name, last name)</i>	Social Security Number	Date of Birth	Relation	Amount of Income	Source of Income

Date Declined: _____	Date approved: _____	Amount approved: _____
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Sources of Income/Assistance	Amount	
Monthly Take-Home Pay of Client	\$	ROSM applications for assistance MUST include copies of paycheck stubs for the previous month for <u>all</u> members of the household that are employed.
Monthly Take-Home Pay of Spouse <i>(includes roommate/significant other)</i>	\$	
Monthly Take-Home Pay of Others contributing to household	\$	
Supplemental Security Income (SSI) <i>(name recipient)</i>	\$	Name:
Supplemental Security Income (SSI) <i>(name recipient)</i>	\$	Name:
Client/Spouse Social Security	\$	
Kentucky Transitional Assistance Program (K-TAP)	\$	
Medicaid Card/Medicare Card/Medical Card	yes no	medicaid <input type="checkbox"/> medicare <input type="checkbox"/> medical card <input type="checkbox"/>
Unemployment	\$	date ending:
Monetary gift(s) <i>(e.g., money from family, friends, or church)</i>	\$	amount received in last 30 days
Child Support Income judgement amount: \$	\$	amount received in last 30 days
Other <i>(specify amount and type)</i>	\$	Type:
Food Stamps <i>(not included in Total)</i>	\$	eligible <input type="checkbox"/> ineligible <input type="checkbox"/>

Monthly Expenses (monthly average)	Amount	Source
Rent/Lot Rent/Mortgage (circle one)	\$	Landlord: Phone #:
Electric	\$	Provider: Account #:
Water	\$	Provider: Account #:
Sewer	\$	Provider: Account #:
Gas (heating) or Propane (circle one)	\$	Provider: Account #:
Cable TV/Satellite	\$	Provider: Cable <input type="checkbox"/> Satellite <input type="checkbox"/>
Internet	\$	Provider:
Cell Phone	\$	Provider:
Home phone	\$	Provider:
Child Care	\$	Day Care/Sitter:
Car Insurance	\$	Frequency <i>(monthly/quarterly/6 months/annually)</i> :
Health Insurance (including medicare)	\$	Frequency <i>(monthly/quarterly/6 months/annually)</i> :
Life Insurance	\$	Frequency <i>(monthly/quarterly/6 months/annually)</i> :
Homeowners/Renters Insurance	\$	Frequency <i>(monthly/quarterly/6 months/annually)</i> :
Medication (regular monthly)	\$	
Child Support Payment	\$	
Tuition	\$	circle one: monthly semester
Credit Card/Loan	\$	Institution: For what:
Credit Card/Loan	\$	Institution: For what:
Food <i>(not including food stamps)</i>	\$	
Fuel <i>(for transportation)</i>	\$	
Other expenses	\$	For what:



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Type of Assistance Needed (check one):			
<input type="checkbox"/>	Rent - <i>for which month:</i>	Is your name on the lease?	yes <input type="checkbox"/> no <input type="checkbox"/>
<input type="checkbox"/>	Rent Deposit	Is your name on the lease?	yes <input type="checkbox"/> no <input type="checkbox"/>
<input type="checkbox"/>	Utilities	Is the utility bill in your name?	yes <input type="checkbox"/> no <input type="checkbox"/>
<input type="checkbox"/>	Utilities Deposit	Is the utility bill in your name?	yes <input type="checkbox"/> no <input type="checkbox"/>
<input type="checkbox"/>	Medicine (list name, dose, frequency)		
<input type="checkbox"/>	Other - <i>please list:</i>		

\$ _____ - \$ _____ = \$ _____
Amount of Bill Amount you can provide Amount Requested from ROSM

Explanation of emergency circumstances requiring assistance from ROSM (*be specific*):
(Examples of documents required: police reports, medical bills, car repairs)

1. I certify that the above information is true and accurate.
2. In determining whether to approve my case, I give my consent for ROSM staff to contact, on my behalf, my property manager, utility company, or any other agency for information pertinent to my case.

Name of Client (please print)

Signature of Client

☐ ***This application was taken via telephone by the church/agency contact person listed on page one. The statements recorded above were agreed to by the client via telephone.***