



Long Island Coalition for the Homeless  
**Emergency Cash Relief Fund**  
**Application for Assistance**

The LICH Emergency Cash Relief Fund has been established for the purpose of providing crisis response cash resources on behalf of Applicants who are homeless or at risk of homelessness to maintain or secure housing through financial assistance. **Financial assistance will involve payment to third parties only** on behalf of the Applicant and will accomplish the goal of keeping the Applicant from becoming homeless or assisting the Applicant in securing permanent housing. Financial burdens for which Applicants may request financial assistance include rental or mortgage arrears, first month's rent, security deposit and/or broker's fee.

PLEASE REVIEW THE INSTRUCTIONS IN EACH SECTION PRIOR TO COMPLETING THIS APPLICATION!! Due to the high volume of applications received by LICH, it is essential that our application procedure be followed closely. This will ensure that applications are reviewed quickly and that Applicants are assisted as efficiently and expeditiously as possible. Applications will not be considered unless and until all information requested on the "Emergency Cash Relief Fund Application for Assistance" form and all required supporting documentation are received.



**Section I – Applicant Information**

This Section requests information regarding the Applicant. Such information includes all of the following: name, address, city, county, zip, home phone, cell phone, work phone, other phone, gender, date of birth, social security number, ethnicity, race, marital status, education, minor children in the household (if applicable), other adults living in the household (if applicable), monthly income, employer (if applicable), and employment status (F/T or P/T). Whether or not the Applicant needs assistance in accessing entitlements should be indicated. This is also the Section in which the Applicant's need should be described in detail. For example, if the Applicant is in rental arrears, a description of how the Applicant came into arrears should be included here. A description of the Applicant's plan to pay future rent and expenses should also be described in this section. Please be sure to include information regarding the assistance sought and received from other agencies, if applicable.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Gender:**  M  F  T \_\_\_\_\_ (indicate MTF or FTM)

**ETHNICITY:**

- Hispanic or Latino  Not Hispanic or Latino

**RACE (check as many as apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> White   | <input type="checkbox"/> Asian and White                  |
| <input type="checkbox"/> Black/African American                                  | <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American | <input type="checkbox"/> Asian                            |
| <input type="checkbox"/> American Indian/Alaskan Native                          | <input type="checkbox"/> Other Multi-Racial               |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander                  | <input type="checkbox"/> Asian/Pacific Islander           |
| <input type="checkbox"/> American Indian/Alaskan Native and White                |   |

**Section I, cont'd.**

**Marital Status:**

- Single
- Married
- Domestic Partnership
- Common Law
- Divorced
- Separated
- Widow/er

**Education (CHECK ONLY ONE)**

- No schooling completed
- Nursery school to 4<sup>th</sup> grade
- 5<sup>th</sup> or 6<sup>th</sup> grade
- 7<sup>th</sup> or 8<sup>th</sup> grade
- 9<sup>th</sup> grade
- 10<sup>th</sup> grade
- 11<sup>th</sup> grade
- 12<sup>th</sup> grade - no diploma
- High school diploma
- GED
- Some college
- Associates degree
- Bachelors degree
- Masters degree
- Doctorate
- Vocational training

**VETERAN**

- Yes
- No

*Are you currently enrolled in an educational or vocational program?*

- Yes
- No

**Minor Children Living in Household:**

<u>Name</u>	<u>Date of Birth</u>	<u>Gender</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Adults Living in Household (other than Applicant):**

<u>Name</u>	<u>Date of Birth</u>	<u>Gender</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section I, cont'd.

**Monthly Income (WRITTEN DOCUMENTATION OF INCOME IS REQUIRED FOR ALL SOURCES):**

- Employment \$ \_\_\_\_\_
- Unemployment Benefits \$ \_\_\_\_\_
- Public Assistance \$ \_\_\_\_\_
- Food Stamps \$ \_\_\_\_\_
- SSI/SSD \$ \_\_\_\_\_
- Workers' Compensation \$ \_\_\_\_\_
- Social Security Retirement \$ \_\_\_\_\_
- Child Support \$ \_\_\_\_\_
- Alimony \$ \_\_\_\_\_
- Section 8 Voucher  
\$ \_\_\_\_\_ (Total Rent)  
\$ \_\_\_\_\_ (Tenant Share)  
\$ \_\_\_\_\_ (Section 8 Share)
- Other \$ \_\_\_\_\_ (Indicate source: \_\_\_\_\_)

<b>FOR OFFICE USE ONLY</b>	
Income:	\$ _____ /month
Rent:	\$ _____ /month
(Section 8:	\$ _____ /month)
(Total rent:	\$ _____ /month)
Other	\$ _____ /month
<b>+/-</b>	<b>\$ _____ /month</b>

**Primary Employer:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

- Full-time       Part-time

→ **Additional employer(s):** Please provide information (Name, Address, City, County, Zip, Full- or Part-time status) regarding any additional employer(s) on a separate page.

**Does Applicant need assistance in accessing entitlements?**       Y       N

**Statement of Need.** DO NOT LEAVE BLANK! Include detailed information concerning Applicant's need for financial assistance. Examples of questions which should be answered in the Statement of Need include: Why does the Applicant need financial assistance? What was the crisis that the Applicant experienced? How has it been resolved? What is the Applicant's plan to pay the rent and expenses on an ongoing basis? Feel free to attach additional pages as necessary. Provide written documentation evidencing need as appropriate.

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**Section I, cont'd.**

Amount of financial assistance requested from LICH: \$ \_\_\_\_\_

Payee (third party ONLY): \_\_\_\_\_

Tax ID #/SSN: \_\_\_\_\_

Address (third party ONLY): \_\_\_\_\_

*Third party **must** complete and sign a W-9 Form and submit same to LICH. Applications without a completed and signed W-9 Form will not be processed.*

**Section II - Social Worker/Advocate Information**

Section II requests information regarding the social worker and/or advocate who is working with the Applicant. Such information includes all of the following: name, title, agency, address, city, county, zip, phone, fax, and e-mail address. If an Applicant is submitting the application on his/her own behalf, this Section does not need to be completed. **Social Workers/Advocates submitting an application on behalf of a client should conduct all follow-ups with LICH Staff.**

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

Agency: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

**Section III – Supporting Documentation**

Depending on the Applicant's need, some or all of the following documents may be required. Please review this list carefully before submitting an application. Contact LICH if you are uncertain what additional documentation is required. **Please note that this is a list of basic documentation that should be submitted with the completed application. Additional documentation not included on this list may be requested as we conduct our review of your application.**

**Housing Documents**

A. If the Applicant is facing an eviction, the following document(s) must be provided:

1. Landlord/Tenant Petition; and

a. Signed and dated letter from the landlord/lady including all of the following information:

- i. Address of the residence;
- ii. Amount of monthly rent;
- iii. Total amount of arrears;
- iv. Statement that the Applicant may remain in the residence if the arrears are paid; and
- v. Payee name and address.

**OR**

2. Fully executed Landlord/Tenant Stipulation of Settlement or Landlord/Tenant Court Order;

**OR**

**Section III, cont'd.**

3. Seventy-two (72) hour eviction notice;

**OR**

4. Notice of Violation issued by Town authority.

- B. If the Applicant is requesting financial assistance with first month's rent, security deposit or broker's fee, the following document(s) must be provided:

1. Fully executed lease;

**AND/OR**

2. Signed and dated letter from the landlord/lady including all of the following information:
  - a. Address of the residence;
  - b. Name of all persons to whom s/he will be renting the residence;
  - c. Date on which those persons may move into the residence;
  - d. Amount of monthly rent;
  - e. Total amount required in order for those persons to move into the residence (i.e. \$XX for first month's rent; \$XX for first month's rent and \$XX for security deposit);
  - f. Itemization of payment(s) made to landlord/lady, if any, toward the total amount required; and
  - g. Payee name, address and social security number or tax identification number.

**Proof of Income**

*Employment*

- A. In the case of full- or part-time employment, the following will be accepted as proof of income:

1. Last two (2) consecutive pay-stubs;

**OR**

2. Signed and dated letter on company letterhead including all of the following information:
  - a. Applicant's full name;
  - b. The total number of hours per week in which Applicant is engaged in work activities;
  - c. Applicant's hourly wage; and
  - d. Tips earned by Applicant on a weekly basis, if any.

*SSI/SSD, Social Security Retirement*

- A. In the case of Social Security retirement benefits, Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSD), the following will be accepted as proof of income:

1. Benefit letter from the Social Security Administration (this letter may not be dated more than two (2) months prior to the submission of your Application).

*Public Assistance, Food Stamps*

- A. In the case of Public Assistance and/or Food Stamp Benefits, the following will be accepted as proof of income:

1. Benefit letter from the Department of Social Services;

**OR**

2. Computer print-out from the Department of Social Services indicating benefits received by Applicant and the time period during which said benefits will be effective.

*Unemployment Benefits, Workers' Compensation*

- A. An Applicant receiving Unemployment Benefits should provide the following as proof of this source of income:

1. Benefit letter from the New York State Department of Labor.

**Section III, cont'd.**

- B. An Applicant receiving Workers' Compensation Benefits should provide the following as proof of this source of income:
1. Benefit letter from the workers' compensation insurance company (insurance carrier) which administers the benefits.

***Child Support, Alimony***

- A. An Applicant receiving child support payments should provide the following as proof of this source of income:
1. Statement from the authority administering the child support payments (i.e. Department of Social Services or other child support enforcement agency) reflecting, at a minimum, the last three consecutive payments made to Applicant;

**OR**

2. Executed and filed Court Order reflecting the amount of child support to be paid to Applicant each month and the date on which said payments were to commence;

**AND**

3. Documentation, such as copies of checks or money orders, of the last three child support payments received by Applicant.

- B. An Applicant receiving alimony support payments should provide the following as proof of this source of income:

1. Statement from the authority administering the alimony support payments (i.e. Department of Social Services or other alimony support enforcement agency) reflecting, at a minimum, the last three consecutive payments made to Applicant;

**OR**

2. Executed and filed Court Order reflecting the amount of alimony support to be paid to Applicant each month and the date on which said payments were to commence;

**AND**

3. Documentation, such as copies of checks or money orders, of the last three alimony support payments received by Applicant.

***Section 8 Voucher***

Applicants in possession of a Section 8 Voucher must provide written documentation from the housing authority administering the Voucher of the following:

1. Address of the residence;
2. Lease effective date;
3. Total amount of rent;
4. Tenant rent;
5. Section 8 rent; and
6. Landlord(s) and tenant(s) names.

***Other***

Please submit written documentation for "Other" household income indicated on the application.

**WE CANNOT ACCEPT BANK STATEMENTS, 1099 FORMS,  
W-2 FORMS OR STORE RECEIPTS AS PROOF OF INCOME.**

**Other Documentation**

If an Applicant has been denied Public Assistance benefits, Food Stamp benefits, Emergency Assistance for Families (EAF) or Emergency Assistance for Adults (EAA), please submit a copy of the denial letter from the Department of Social Services.

**Section III, cont'd.**

Other documentation may be required, depending on the Applicant's need. For example:

If an Applicant fell behind on the rent as a result of exorbitant medical bills and is now facing eviction, the Applicant would need to submit copies of medical documentation in addition to the documentation referenced above. The Applicant would also need to demonstrate, through written documentation, that sufficient medical coverage has been secured in order to avoid a reoccurrence of rental arrears.

Perhaps the Applicant received a three (3) month sanction from the Department of Social Services and, as a result, fell behind on the rent and is now facing eviction. In addition to the documentation referenced above, the Applicant would also need to submit documentation evidencing that the sanction has been lifted and the benefits reinstated.

Please note that these are examples only and are not meant to represent the entire spectrum of possible scenarios under which Applicants may be eligible to receive assistance. Nor are they meant to identify the only supporting documentation an Applicant must include with his/her completed application.

Depending on the Applicant's need, some or all of the documents in the list above may be required. Please review the list carefully before submitting an application. Contact LICH if you are uncertain what additional documentation is required. **Please note that this is a list of basic documentation that should be submitted with the completed application. Additional documentation not included on this list may be requested as we conduct our review of your application.**

**Minimum Eligibility Criteria**

1. Applicants must demonstrate that they have sufficient monthly income to pay the rent and expenses on an ongoing basis.
2. Applicants must demonstrate that they are facing imminent homelessness (as evidenced by housing documents provided with application) or are currently homeless.
3. Applicants may not have received financial assistance through the LICH Emergency Cash Relief Fund at any time prior to their current application. The LICH Emergency Cash Relief Fund provides one-time financial assistance to eligible Applicants.
4. **Other eligibility criteria may apply. Please contact LICH at (516) 742-7770 for assistance.**

**Completed applications and supporting documentation may be faxed or mailed to LICH at:**

**LICH  
38 Old Country Road  
Garden City, NY 11530  
(516) 873-0830 – fax**

# Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

**Print or type**  
**See Specific Instructions on page 2.**

Name (as shown on your income tax return) \_\_\_\_\_

Business name, if different from above \_\_\_\_\_

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ -----  Exempt payee  
 Other (see instructions) ▶ \_\_\_\_\_

Address (number, street, and apt. or suite no.) \_\_\_\_\_

City, state, and ZIP code \_\_\_\_\_

List account number(s) here (optional) \_\_\_\_\_

Requester's name and address (optional) \_\_\_\_\_

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number	
or	
Employer identification number	

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,