**COX Emergency Pandemic Response Utility Assistance Program**

**Qualification Questionnaire**

**(REQUIRED FOR ALL HOUSEHOLDS)**

**This program is designed to assist those experiencing a Covid-19 based financial hardships. If you are currently unable to pay your water, gas, or power bill because you were financially affected by Covid-19, (please note, internet bills will be considered for assistance if needed for work or school) please answer the following questions:**

**CONTACT INFORMATION**

1. Full Name:
2. Address (street address, city, state, Zip Code):
3. Best phone number to reach you:
4. Email address (will be used for communication, please provide an email address that you check regularly):

**HOUSING**

1. Describe your living arrangements. Do you rent an apartment or a single-family house? Are you living with others, such as family or friends? Do you have roommates?
2. Do you receive any sort of subsidy to assist with your housing payment? Do you live in public housing (owned and operated by Housing Authority)? Are you receiving “Section 8” subsidy (now known as “Housing Choice Voucher”)? How much is your monthly rent? How many bedrooms and bathrooms are in your home?
3. Describe your payment history for the past six (6) months. Have the bills been paid on time? Is there a balance carried forward some months? If so, what is the balance?

**INCOME**

1. What source(s) of income does your household have? Employment or Unemployment? Child Support? On all Children? TANF? If so, how long?

**EMPLOYMENT**

1. Are you employed? How many hours per week? Guaranteed or just average?
2. Did you lose your job as a result of the Covid-19 Pandemic? Describe.
3. If on Unemployment, for how long? What efforts have been made to secure a job? Any re-training for a new kind of job?

**FINANCIAL / CREDIT**

1. Do you have any bank accounts (checking and/or savings?)
2. Any outstanding “Pay Day Loans”? If so – how many, and for how much. How much is the interest / fees each week?
3. Has your household been financially affected by Covid-19? Describe.

**SPIRITUAL / PASTORAL**

1. Are you interested in Pastoral Care?
2. Would you like to learn more about the Salvation Army Church?

For consideration, completed application must be submitted to [lvfamilyservices@usw.salvationarmy.org](mailto:lvfamilyservices@usw.salvationarmy.org)