

# GRAND TRAVERSE COUNTY COMMISSION ON AGING EMERGENCY/ HEAT ASSISTANCE APPLICATION FORM

**Instructions:**

- Please complete all items on the form and return it to the Commission on Aging (COA) office.
- You must provide proof of income, residency, and age. Please see page two for the types of proof we accept.
- Please provide copies of any invoices/bills that you are requesting assistance with.
- For wartime veterans or surviving spouse of a wartime veteran, we recommend that you call the VA office at 995-6070 to see if you are eligible for VA emergency assistance before applying for assistance through the COA.

<b>CLIENT INFORMATION</b>
---------------------------

Date: \_\_\_\_\_ Are You A Current COA Client?     YES     NO

Are you a resident of Grand Traverse County?     YES     NO

Veteran?     YES     NO    Date/Year of Birth:: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: MI. Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ # Persons Living in Household: \_\_\_\_\_

<b>CLIENT QUESTIONNAIRE</b>
-----------------------------

Have you applied for emergency assistance through DHHS?     YES     NO

If so, have you attached a copy of the approval or denial of your application?     YES     NO

Have you received financial assistance from COA in the past?     YES     NO

Have you received a commitment(s) from other Agencies in addition to this request?     YES     NO

If Yes, what Agency (or Agencies) do you have a Commitment from, and what is the amount of each Commitment:

	Agency	\$ Commitment
--	--------	---------------

Agency	\$ Commitment	Agency	\$ Commitment
--------	---------------	--------	---------------

Agency	\$ Commitment	Agency	\$ Commitment
--------	---------------	--------	---------------

## REQUIRED ATTACHMENTS AND APPLICATION INFORMATION

### CLIENT PROOF OF INCOME Must include everyone living in the Household

The COA accepts (one of) the following as Proof of Income, please attach a copy.

Current Taxes (Past Year):  YES  NO

Bank Statement, 30 days or less:  YES  NO

W2's for last year:  YES  NO

What is your monthly household income? \_\_\_\_\_

### CLIENT PROOF OF RESIDENCY

The COA accepts (one of) the following as Proof of Residency, please attach a copy.

State Issued ID / Driver's License:  YES  NO

Utility Bill for Current Address:  YES  NO

### CLIENT PROOF OF AGE

The COA accepts (one of) the following as Proof of Client Age, please attach a copy.

State Issued ID / Driver's License:  YES  NO

Birth Certificate:  YES  NO

Social Security Award Letter:  YES  NO

### CLIENT FUNDING REQUEST

How much funding are you requesting? \_\_\_\_\_

Please provide a detailed explanation of what this emergency funding request will be used for (i.e. dental work, eyeglasses, heating bill, furnace repair, etc.)

---

---

---

---

---

---

---

---

Utility Company: \_\_\_\_\_

Utility Account #: \_\_\_\_\_

For service requests, (i.e. dental work, furnace repair, etc.) the client must obtain at least one estimate of the service to be provided and under certain circumstances, more than one estimate may be required. Clients are not to commence work on services without prior approval of the COA. The COA is unable to pay service requests from a bill.

For heating requests, a copy of the client's past due bill or shut off notice must be attached. COA is unable to provide funding for households which have persons under the age of 60 living in the household, unless the client can prove that the heating system is under a separate billing and does not serve those in the household under 60.

**CLIENT RELEASE OF LIABILITY**

This is a release of liability. The Grand Traverse County Commission on Aging is providing payment only for the above described repair or services. I agree that neither Grand Traverse County nor the Commission on Aging, or any of their officers, employees, agents or servants is in any way responsible for hiring, purchasing or supplying contractors, repair persons, materials or services. I understand and agree to hold harmless Grand Traverse County, the Commission on Aging and any of their officers, employees, agents and servants from any and all claims, including but not limited to claims of negligence, breach of contract, defective materials or workmanship obtained by payments received by payee.

I understand that failure to provide the information and attachments requested on this application form may result in a denial of my application. I understand that a Commission on Aging representative may call at my home and may contact other people to verify my eligibility for assistance. I authorize the Commission on Aging to release my name and address to the local weatherization operator as part of the Weatherization Referral system.

I authorize Department of Human Services, utility company and/or all organizations relevant to this request to release by phone, fax, email or their computer website all necessary available information about my account.

I understand that I may be required to obtain three (3) written quotes from approved licensed contractors/vendors for any home repair requests. The Commission on Aging will only consider the lowest quoted price. I understand that if I choose to use a higher priced contractor, I am responsible for the balance of the payment over and above the amount the Commission on Aging has approved for payment.

UNDER PENALTIES OF PERJURY, I SWEAR THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO ME. IF I AM A THIRD PARTY APPLYING ON BEHALF OF ANOTHER PERSON, I SWEAR THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO THE APPLICANT.

TO THE BEST OF MY KNOWLEDGE, THE FACTS PRESENTED HERE ARE TRUE AND COMPLETE.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

If you are applying on behalf of another person, please provide your name and telephone number below:

\_\_\_\_\_  
Application Completed By

\_\_\_\_\_  
Phone #