

EASTERN CAROLINA HUMAN SERVICES AGENCY, INC.

237 New River Drive, Suite 1
PO Drawer 796
Jacksonville, NC 28541-0796
(910) 347-2151
FAX: (910) 347-1237

108 N. Kerr Avenue, B1
Wilmington, NC 28403
(910) 762-0010
FAX: (910) 762-0030



1326 N. Teachey Road
PO Drawer 310
Wallace, NC 28466
(910) 285-5331
FAX: (910) 285-3506

Dear Sir or Ma'am,

Eastern Carolina Human Services Agency, Inc. is currently taking applications for the **NC Relief** program for Hurricane Florence related home repairs and emergency housing assistance. We have included the application along with this letter if you are interested in applying for this grant opportunity.

Please complete the attached application and provide the following documents to determine eligibility. This is an income-based program and all income verification provided must be within the past **90** days.

- Proof of Wages, Earnings
- Proof of SSI, WFFA, and/or Food Stamps
- Proof of all other money received/child support
- Proof of Head of Household
- Social Security Cards
- FEMA denial letter (if home repairs are needed)

Completed applications may be returned by mail to the address listed above, placed in the secure drop box available outside of the Jacksonville office, or emailed to tprince@echsainc.com. For any questions or concerns please contact our office at 910-347-2151.

Kindest Regards,

Tameika Prince
NC Relief Director

***Helping People. Changing Lives.
"An Equal Opportunity Employer"***

**NC Relief (Hurricane Florence Impacted)
Basic Intake Form (Continuation Page)**

HOUSEHOLD MEMBERS

Last Name	First Name	MI	Last 4 digits of Social Security Number	Birthdate	Age	Sex	Race	Education	Disabled	Veteran	Relation to Applicant
			***_**_	/ /							
			***_**_	/ /							
			***_**_	/ /							
			***_**_	/ /							
			***_**_	/ /							
			***_**_	/ /							

Requested Service(s):

- _____ Rent Deposit
- _____ Utility Deposit (water - electric - gas)
- _____ Rent Assistance
- _____ Utility Assistance (water - electric - gas)
- _____ Housing Repair
- _____ Emergency Assistance (temporary shelter, food, furniture, appliances, etc.)

Approved Service(s) - (For Office Use Only):

- \$ _____ Rent Deposit
 - \$ _____ Utility Deposit
 - \$ _____ Rent Assistance
 - \$ _____ Utility Assistance
 - \$ _____ Housing Repair
 - \$ _____ Emergency Assistance
-
- \$ _____ Total Expenditures

Authorized by: _____

Date: _____

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NC RELIEF PROGRAM AUTHORIZATION FOR THE RELEASE OF INFORMATION

I _____, hereby authorize the following organizations to release information, as specified, below from my record as it pertains to me, or my family unit to ECHSA, Inc.

ORGANIZATION	INFORMATION REQUESTED
DEPARTMENT OF SOCIAL SERVICES	Verification of: Income, TANF, WFFA, Child Support, Financial Assistance, Food Stamps, Health Benefits, Follow-up on Referrals,
COMMUNITY COLLEGES	Verification of: Enrollment, Attendance, Grades, Tuition Assistance, Financial Aid, Completion of Courses, Follow-up on Referrals
OTHER COLLEGES OR LEARNING INSTITUTIONS	Verification of: Enrollment, Attendance, Grades, Tuition Assistance, Financial Aid, Completion of Courses, Follow-up on Referrals,
VOCATIONAL REHABILITATION	Verification of: Financial Assistance, Follow-up on Referrals,
FAITH-BASED ORGANIZATIONS	Verification of: Financial Assistance, Follow-up on Referrals,
EMPLOYMENT SECURITY COMMISSION	Verification of: Income, Wage, and Employment Information, Unemployment Compensation Benefits, Follow-up, Referrals,
MENTAL HEALTH/SUBSTANCE ABUSE PROGRAMS	Verification of: Follow-up on Referrals,
CHILD SUPPORT ENFORCEMENT	Verification of: Child Support, Health Benefits, Follow-up on Referrals,
SOCIAL SECURITY ADMINISTRATION	Verification of: SSI Benefits, Disability, Health Benefits, etc. Follow-up on Referrals,
SECTION 8 HOUSING PROGRAM	Verification of: Housing Benefits, Utility or other Financial Assistance, Follow-up on Referrals,
VETERAN'S ADMINISTRATION	Verification of: VA Benefits, Education Assistance, Health Benefits, Financial Assistance, Follow-up on Referrals,
EMPLOYERS AND OTHER	Verification of: Income, Employment, Rate of Pay, Work Hours, Health Benefits, Pay Cycles, Follow-up on Referrals,

I understand that the information may be requested and used for the purpose of: determining eligibility for enrollment, determining eligibility for services, determining continued eligibility, avoiding the duplication of services, coordinating services, and providing follow-up and/or referral services. I understand that the Authorization for the Release of Information will be utilized in order to request the information as listed above. This consent is given voluntarily and will remain valid and in effect for a period of one (1) year, unless I choose to revoke such authorization during this period. I further understand that I may do so at any time by signing as indicated below. I understand that the failure to provide requested information can lead to the ineligibility for enrollment, termination, or cause me to be ineligible for certain services. I also understand that the revocation of this authorization will not apply to information previously obtained or released with my consent.

Client's Signature

Date

I, _____ do not further consent for the release of information, and hereby revoke this authorization, effective immediately.

Client's Signature

Date

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NC Relief Self Declaration of Damages

I, _____ do hereby declare that my residential dwelling unit located at

_____ incurred damages due to Hurricane Florence in 2018 and that there is still an unmet need at this residence.

What type of damages were sustained?

I further attest to the following: (Check all that apply)

- I am the owner of the property that was the primary residence at the time of Hurricane Florence.
 FEMA came to assess the home and determined my household was not eligible for financial assistance.
 I had no / insufficient home insurance coverage and did not receive funds from a claim for repairs.
 I did not apply / was not eligible for home repair funding from any other non-profit entities or programs.

If funding was received, it came from _____ in the amount of \$ _____

For the purpose of _____.

Signature

Date