

WILMINGTON AREA REBUILDING MINISTRY, INC.

20 North 4th Street, Suite 213
Wilmington NC 28401
info@warmnc.org

Phone: 910.399.7563
Fax: 866.591.1452
www.warmnc.org



APPLICATION FOR ASSISTANCE

HOW DID YOU FIND OUT ABOUT WARM?

Name: _____ Phone Number: _____

Agency (if applicable): _____

APPLICANT INFORMATION

Last Name: _____ First: _____ M.I: _____

Physical Address: _____

Mailing Address: _____

County: _____ Phone: _____ Social Security #: _____

Gender: (Circle one) MALE FEMALE Marital Status: _____ Birth date: ____/____/____

Do you own the property? _____ Is it 'heirs' property? _____ Number of years in residence: _____

Home Type: (Circle one) MOBILE CONDO DUPLEX SINGLE-FAMILY Number in household: _____

Employment Status: (Circle one) FULL-TIME PART-TIME UNEMPLOYED DISABLED RETIRED

If employed, Occupation: _____ How long? _____

Employer: _____ Phone number: _____

If not employed, Reason: _____ How long? _____

REQUIRED DOCUMENTATION

In order to process your application, we need a copy of the following documents; please do not mail originals to us.

- Proof of Ownership:** Information that proves that you own and reside in your property, you live on 'heirs property,' or you have lifetime rights. For example: a copy of your deed, a will, or a county tax statement. In the case of a mobile home, please submit a copy of the title from the North Carolina Department of Motor Vehicles. In the case of lifetime rights, please submit a notarized document signed by the homeowner granting you rights to live on the property as long as you live.
- Proof of Income:** Information about your income and for all those living in the household. For example: a copy of your last income tax return or a pay stub from your employer. In the case of Social Security or Disability income, a copy of the check, the annual statement, or a copy of your bank statement will suffice.

HOUSEHOLD INFORMATION

Please complete the following information for EACH household member, including yourself.

Name	Relation to you	Birth date	Gender	Age	Monthly Income

Total monthly income of all household members: _____

Please provide a breakdown of the type of income for **all** household members:

Salaries/Wages \$ _____	Pension/Retirement \$ _____
Disability \$ _____	Social Security \$ _____
Unemployment \$ _____	SSI \$ _____
AFDC \$ _____	Food stamps \$ _____
Welfare \$ _____	Child support \$ _____
Veteran benefits \$ _____	Alimony \$ _____

Do you or any member of your household own any other property? _____

Do you qualify for Medicaid? _____ May we contact other agencies on your behalf? _____

Have you previously applied for assistance from WARM? _____ If yes, when? _____

Please list any agencies (besides WARM) that you have contacted for assistance.

Agency Name	Date(s)	Contact Name	Type of Assistance Received (or "Denied")

CERTIFICATION AND STATEMENT OF UNDERSTANDING

I hereby certify that the information on this profile is correct and may be used for statistical reporting and may be furnished to other agencies which may provide assistance. I understand that submittal of this application does not guarantee that assistance will be provided. I understand that, if I am approved, WARM reserves the right to halt the project at any time, for any reason.

Homeowner Signature

Date

Homeowner Signature

Date

WILMINGTON AREA REBUILDING MINISTRY, INC.

20 North 4th Street, Suite 213
Wilmington NC 28401
info@warmnc.org

Phone: 910.399.7563
Fax: 866.591.1452
www.warmnc.org



AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize the Wilmington Area Rebuilding Ministry, Inc. (WARM, Inc.) to release and/or receive to/from any agency or person ANY information that is relevant to the purpose of providing assistance for my needs and/or the needs of my family.

I further understand that the release of this information does not guarantee that assistance will be provided but that without the information, my case cannot be processed for consideration of WARM, Inc. services.

I understand confidential information may be collected from relatives, friends, acquaintances, co-workers, employers, other assistance agencies, and businesses with whom I have interacted. WARM, Inc. may release or receive information regarding my social and family history, my employment status, my finances, or any other information they deem necessary to review my application.

Homeowner (Print Name)

Homeowner (Print Name)

Homeowner Signature

Date

Homeowner Signature

Date

Address, City, State, Zip

DISCLAIMER

The execution of this Consent does not guarantee that the assistance you require or desire will be provided. This information will be given only to one of more social agencies (or to persons requested by a social agency to be provided with this information) which may request it. WARM cannot and does not decide whether or how any other social agency may provide assistance to you.

