

MCSS Relief Application



contactmcss@mcssnewengland.org
Phone: 1-970-4MCSSNE

MCSS Relief Application Backup Document Requirements

PLEASE PROVIDE REQUIRED DOCUMENTS:

if you are applying for assistance with Rent:

- Copy of eviction notice from court or landlord or a letter from landlord with details of rent owed and for what months.
- Copy of lease or rental agreement
- Copy of latest pay stub, or a proof of income (SSI, DTA, etc)

if you are applying for assistance with Food:

- Copy of latest pay stub, or a proof of income (SSI, DTA, etc)

if you are applying for assistance with Utilities:

- Copy of latest pay stub, or a proof of income (SSI, DTA, etc)
- Copy of latest utility bill or shut-off notice with account number.

if you are applying for assistance with Car Repair:

- Copy of car registration and Drivers license
- Itemized repair cost estimate from a recognized Repair shop

**MCSS WILL NOT PROCESS YOUR APPLICATION
WITHOUT REQUIRED DOCUMENTS**

On "Page 2," complete all questions accurately and fully.

MCSS Relief Application

Fax to our Toll Free FAX # 1-866-802-6737

NAME: _____, _____, _____
(first) (last) (middle)

SOCIAL SECURITY (last 4 digits): _____ DATE of BIRTH: _____ MALE: FEMALE:

CURRENT ADDRESS: _____ APT# _____ CITY: _____
(street)
STATE: _____, ZIPCODE: _____ EMAIL ADDRESS: _____

TELEPHONE (HOME): _____ TELEPHONE (CELL): _____

ARE YOU: SINGLE: MARRIED: WIDOWED: DIVORCED: **DTA Account Number:** _____

No. OF PEOPLE LIVING IN HOME: _____ No. OF CHILDREN: _____ FAMILY INCOME (TOTAL per WEEK): \$ _____

Will you receive monetary or other aid from other sources? Yes No *If yes, please provide the name of the source and an estimate of how much of your need will be covered by this funding source:*

Did you receive any help from MCSS in the past? Yes No . If yes: How many times and when? _____

Are you eligible to receive Zakaat Money: Yes No Don't know

Currently Employed? YES NO Monthly Rent: \$ _____ Utilities: \$ _____

LANDLORD'S: Name: _____ TELEPHONE: _____

Address: _____

TYPE OF SUPPORT NEEDED (attach additional sheet, if needed):
[] Rent [] Food [] Utilities [] Car [] Other

Are you delinquent in Rent/utility bill payment? If Yes, how many WEEKS? _____

Please Describe Need in Detail:

References: (List the individuals who can provide information regarding your circumstances and indicate how long have you known each reference).

(Name, telephone, address)

(Name, telephone, address)

Applicant's Relationship if any, with the landlord, the references or the person filling out the application: Yes/No.

Explain if Yes: _____

CERTIFICATION:

I certify that all statements made in this application are correct and I agree to abide by the decision of the MCSS Inc. I understand that any documents submitted to MCSS with this application become the sole property of MCSS and will not be returned or transferred.

Signature of Applicant: _____ **DATE** ____/____/____

Name of Person filling the Application: _____ **TELEPHONE:** _____