



Please complete and send it back when you are done. We will also need a copy of the following:

- + Valid ID
- + Social Security Numbers for everyone in the Household
- + Proof of Income for everyone in the household over the age 18
- + Rental Assistance: Copy of Lease, Statement of Amount Owed, Proof of ownership, & W-9
- + Utilities: Copy of Statement
- + Mortgage Assistance: Copy of Mortgage Statement

Thanks!

Return Address:

**4721 Fayetteville Road, Suite B
Lumberton, NC 28358**

harrese@scapnc.org

OR

Fax #: 910-370-0429

***Please do not send pictures of required documents. They may be scanned then emailed, faxed, mailed, or dropped off at one of our local offices. Thanks.



SCFS CARES ACT PROJECT

Applicant: _____

Date: _____

Address: _____

Date of Birth: _____

City: _____ State: _____ Zip: _____

Gender: _____ Ethnicity: _____

Email: _____

Marital Status: Married Single
(Circle One) Divorced Separated Widowed

Optional: By providing your email address, your consent to receive email notifications and information on behalf of SCFS. You may opt out of this email service at any time by contacting us or following the opt-out instructions included in each email you receive.

Contact Phone Number: _____

Alternative Number: _____

Please include all household members related by blood/marriage/adoption
Total Family Members:

Name	DOB	Relationship	Gender	Annual Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Annual Income: _____

Are you employed? Yes No

Were you laid off: furloughed hours reduced other due to COVID?

When did this circumstance begin? _____

How were you effected by COVID-19?

What services are you seeking due to the COVID-19 Pandemic?

Signature: _____

Date: _____

OFFICE USE ONLY

Eligible for Cares Act Funding- YES/NO

If Yes

Intake Complete- YES/NO

Appointment scheduled – YES/NO

Assigned Case Manager-

If No was customer referred to FESS- YES/No

NC Relief Grant- YES/NO

Was Customer Referred to other community agency? YES/NO

What agency?



**Post Office Box 1025
Lumberton, North Carolina 28359-
1025
910-277-3500**

I _____, certify and attest that the requested services are due to financial hardship (see below) which was a result of the COVID-19 pandemic. In addition, I attest that falsification or misrepresentation may result in the rejection of my application for services with SCAP, NC Cares Grant and may be subject to prosecution under applicable State and Federal statutes.

Hardship description: _____

Applicant Printed Name:

Signature:

Date _____

Witness: _____

Created 7/2021