



# Relief NC, HARP PROJECT

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: Married      Single

(Circle One)      Divorced      Separated

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.

Phone Number: \_\_\_\_\_

Alternative Number: \_\_\_\_\_

Please include all household members related by blood/marriage/ adoption

Total Family Members:

Name	DOB	Relationship	Gender	Annual Income
			<b>Total Annual Income:</b>	

Have you been affected by Hurricane Florence \_\_\_\_\_ ?

**What services are you seeking due to Hurricane Florence?**

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**OFFICE USE**

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**Eligible for Relief NC/HARP- YES/NO**

**If Yes**

**Intake Complete- YES/NO**

**Appointment scheduled – YES/NO**

**Assigned Case Manager-**

**If denied was Customer Referred to other community agency? YES/NO**

**What agency :**

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