

Neighbors in Need Crisis Fund

Program Overview

The Neighbors in Need Crisis Fund exists to give financial assistance to people in our community who are going through an unexpected crisis and cannot find assistance from any other source. The program primarily serves residents of the City of Pittsburgh who are at risk of homelessness, job loss, or severe loss of fundamental needs due to unexpected circumstances.

The Crisis Fund awards grants for **short-term emergency needs**, including emergency home repair, emergency auto repair, delinquent rent (60 days or longer), potential shut-off of utilities, mortgage loan delinquency, and purchase or repair of necessary appliances. Other cases may be considered.

The typical grant award is \$500. Grant requests above \$500 will only be considered under extreme circumstances. Neighbors in Needs grants are made payable only to third parties, such as utility companies or mortgage lenders.

The Bloomfield-Garfield Corporation (BGC), a 501(c)3 neighborhood nonprofit, acts as the fiscal sponsor for Neighbors in Need, but relies on a volunteer group of individuals to make decisions on each application for help. Those decision are usually made within 48 hours from the time a completed application is received by the BGC. Applications with little or no supporting documentation (see page 3) will not be considered as complete.

Eligibility Criteria

To be eligible to apply for financial assistance, applicants should reside within the city of Pittsburgh, although Allegheny County residents will be helped in special circumstances. Applicants must be employed, or enrolled in a degree-seeking educational program, or disabled, or senior citizens (age 65 or older). Those who have been laid off within the past 120 days, or are currently on unpaid family or medical leave, are also eligible. Applicants' household incomes typically must not exceed 200% of the federal poverty guidelines (see chart below for 2018 guidelines).

| Household Size | Maximum Annual Household Income | Maximum Monthly Income |
|----------------|---------------------------------|------------------------|
| 1 | \$26,600 | \$2,216 |
| 2 | \$30,400 | \$2,533 |
| 3 | \$34,200 | \$2,850 |
| 4 | \$38,000 | \$3,166 |
| 5 | \$41,050 | \$3,420 |
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For questions concerning eligibility or for more information about the program, please contact Rick Swartz at (412) 441-6950, ext. 11 or RickS@bloomfield-garfield.org.

Neighbors in Need Crisis Fund Application

Applicant Information

Date: _____

Applicant's First Name: _____ Middle Initial: _____

Applicant's Last Name: _____

Co-Applicant's First & Last Name: _____

Applicant's Birth Date: _____ Co-Applicant's Birth Date: _____

Telephone Number: _____ E-mail address: _____

Home Address: _____

Years at current address: _____

List all individuals living in your household, including their names, ages and relationship to you:

Name and contact information of your nearest next of kin:

Amount & Purpose of Grant

Amount Requested: \$ _____

Please describe what the grant will be used for and why you need financial assistance:

Are there special circumstances that brought on the crisis, or contributed to your inability to handle the expenses which the grant will be used to pay?

If you receive assistance from the fund, how will you prevent a similar situation from arising in the future?

Do you have any family members or friends whom you can or have asked for financial assistance?

Additional Documents

In addition to this application, please provide the following to prove eligibility:

- Two recent pay stubs** and a **copy of your 2017 federal income tax return**
- Copy of a photo ID**
- Copies of your two most recent bank statements**
- Proof of need** for requested funding (notices of pending eviction or utility shutoff, health care bills, car repair bill, college entry fee, etc.)
- Other documents to prove financial need

If you have difficulty providing any of these documents or are unsure if you qualify for a grant, please contact us to discuss your specific circumstances.

Financial Information

Applicant's current place of employment (if applicable):

Name of Employer: _____

Job Title or Position: _____ Work Telephone: _____

Hourly Wage or Annual Salary: _____

Co-applicant's current place of employment (if applicable):

Name of Employer: _____

Job Title or Position: _____ Work Telephone: _____

Hourly Wage or Annual Salary: _____

As of today, what is your total balance of cash, savings and checking accounts? \$ _____

As of today, are you able to estimate your net worth (that is, the value of what you own less the value of what you owe)? \$ _____

Does your household receive any type of financial assistance (e.g. Food stamps, utility assistance, medical assistance, etc.)? Please list if applicable. _____

Consents/Disclosures

Primary Applicant:

I acknowledge that all of the information disclosed in this application is true and accurate to the best of my knowledge. If it is necessary to do so, I hereby authorize the BGC to obtain a report on my credit history for internal use by the BGC only.

Signature: _____ Date: _____

Co-Applicant

I acknowledge that all of the information disclosed in this application is true and accurate to the best of my knowledge. If it is necessary to do so, I hereby authorize the BGC to obtain a report on my credit history for internal use by the BGC only.

Signature: _____ Date: _____

Return completed application to:

Rick Swartz

Bloomfield-Garfield Corp.

5149 Penn Avenue

Pittsburgh, PA 15224

Email: RickS@bloomfield-garfield.org