

DARLINGTON COUNTY COMMUNITY ACTION AGENCY REQUIRED DOCUMENTS CHECKLIST

Client Name:	Client Phone #:			
Staff Name:	Date of Initial Intake:			
Assistance Requested for:RentRent DepositUtilities (Electric/ Natural Gas/Water)				
Fuel (Kerosene/Fuel Oil) LP Gas Utility D	eposit (Duke only)FoodMedication			
HeaterSenior Citizen EmploymentYouth LeadershipCollege Student Employment				
Employment Certification/TestMortgage AssistanceCOVID-19 ReliefOther				

ltem #	m DATE PROVIDED		/IDED	REQUIRED DOCUMENTS	
1.		Yes	No	Picture ID with current street (physical) address to include lot/apartment	
				number	
2.				Social Security Cards for all household members (must be legible)	
3.				Proof of Income for the last 30 days for all household members who is 18 years old or over to include all that apply	
				 Check stubs (Weekly – 4) (Biweekly –2) (Semi-monthly or Bi-monthly – 2) 	
				 Current Year Award Letter ALL PAGES (Social Security, SSI, Veterans Benefit) 	
				Current Year Benefit Statement (Retirement/Pension)	
				• Printout or Statement (child support, TANF, unemployment, utility	
				check, short/long term disability or other benefits). PRINTOUT CANNOT	
				BE MORE THAN THREE DAYS OLD	
4.				LAST THREE MONTHS ENTIRE CUSTOMER BILLS - ALL PAGES	
				Bills must be in a household member's name who is 18 years old or older	
				• Final notice/customer bill, final notice, disconnection notice, final	
				reminder notice	
				Receipt of payment of non-allowable charges	
5.				Eviction notice/landlord statement	
6.				Documented Proof of Emergency occurring in the last 30 days	
7.				Lease Agreement with listing of all household members	

Your Application <u>WILL NOT BE STARTED</u> until all required documents are provided in a timely manner. Services are provided based upon the availability of funds and/or issued on a first come first served basis. Agency's acceptance of an application is not a promise of service to a client.

If your application has started and documents are missing, your failure to submit any identified documents within 5 days of this notice or by ______, will result in your application being voided. If your application is voided, you will have to start a new application and provide updated information to seek assistance.

Client Signature (if provided in person)

Date

Agency Staff Signature

Date