



NEIGHBORHOOD SERVICE CENTER, INC. UNIVERSAL APPLICATION

Application Type (check all that apply)	<input type="checkbox"/> Maryland Energy Assistance Program <input type="checkbox"/> Representative Payee <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> Homelessness Prevention <input type="checkbox"/> Food Pantry <input type="checkbox"/> Webb's Hope <input type="checkbox"/> Affordable Housing <input type="checkbox"/> Youth Program (After school & Summer Program) <input type="checkbox"/> Career Pathways, Ages 16-24 <input type="checkbox"/> On-the-job training (for Homeless Individuals) <input type="checkbox"/> Medication Assistance <input type="checkbox"/> Transportation Assistance (Car Repair or Bus Fare) <input type="checkbox"/> Food Baskets <input type="checkbox"/> Ridgeway Homeless Shelter
Household Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No Does your household need assistance with heating? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your family have enough food to get through the month? <input type="checkbox"/> Yes <input type="checkbox"/> No Is a member of your family interested in completing their GED? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your family need housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Need assistance with goal setting/budget management? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a child, age 5 -12 that needs homework assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Any in your household aged 16-24 not in school nor employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a senior in need of nonmedical assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to give-back by becoming a NSC volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need assistance paying your water bill? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have difficulty paying for your daily living items/medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have additional concerns as a result of COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No Interested in mental health and/or substance abuse referrals?
Application Date	
Applicant Last Name	
Applicant First Name	Middle:
Residential Address	
Residential City/State	
Zip Code	
Email	
Cellphone	
Work Phone	
How would you like to receive benefit notification?	<input type="checkbox"/> Mail <input type="checkbox"/> Email
How long have you been a NSC customer?	<input type="checkbox"/> New <input type="checkbox"/> Less than a year <input type="checkbox"/> 2-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> 16 – 20 years <input type="checkbox"/> 21 – 50 years

Are you a Next GEN customer?	Was your parent or grandparent a client? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which? _____
Are you a GEN customer?	Is your child or grandchild a client? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, which? _____
How did you hear about this program?	<input type="checkbox"/> Letter from this agency <input type="checkbox"/> TV/Radio <input type="checkbox"/> Email from this agency <input type="checkbox"/> Newspaper <input type="checkbox"/> Visit from this agency <input type="checkbox"/> Social Media <input type="checkbox"/> Referred by Another Agency <input type="checkbox"/> Referred by Family/Friend <input type="checkbox"/> Referred by Utility Company <input type="checkbox"/> Poster/flyer
Household Type	<input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent, Female <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Two Parents w /Children <input type="checkbox"/> Single Parent, Male <input type="checkbox"/> Unrelated Adults <input type="checkbox"/> Other:

Household Members- *Please provide details regarding everyone who lives in your home. If there are more household members that cannot be included on this form, please ask for an additional page.*

Relationship to HOH	Head of Household (HOH)			
Name	Listed at top of application			
Date of Birth				
Social Sec.#				
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic of Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic of Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic of Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic of Latino
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
US Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Military Status	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> N/A	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> N/A	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> N/A	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> N/A
Disabling Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Cash Benefits (Check all that apply)	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC (Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> Section 8 Voucher (HUD Housing Choice Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing)	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC (Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> Section 8 Voucher (HUD Housing Choice Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing)	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC (Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> Section 8 Voucher (HUD Housing Choice Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing)	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC (Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> Section 8 Voucher (HUD Housing Choice Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing)

	<input type="checkbox"/> VASH (Veterans Affairs Supportive Housing) <input type="checkbox"/> Other Housing Assistance <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other	<input type="checkbox"/> VASH (Veterans Affairs Supportive Housing) <input type="checkbox"/> Other Housing Assistance <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other	<input type="checkbox"/> VASH (Veterans Affairs Supportive Housing) <input type="checkbox"/> Other Housing Assistance <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other	<input type="checkbox"/> VASH (Veterans Affairs Supportive Housing) <input type="checkbox"/> Other Housing Assistance <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other
Health Insurance Also select Insurance Type	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer Plan <input type="checkbox"/> Private Pay Plan <input type="checkbox"/> Affordable Care Act Plan <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Tribal Healthcare <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer Plan <input type="checkbox"/> Private Pay Plan <input type="checkbox"/> Affordable Care Act Plan <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Tribal Healthcare <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer Plan <input type="checkbox"/> Private Pay Plan <input type="checkbox"/> Affordable Care Act Plan <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Tribal Healthcare <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer Plan <input type="checkbox"/> Private Pay Plan <input type="checkbox"/> Affordable Care Act Plan <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Tribal Healthcare <input type="checkbox"/> Other
Employment (check all that apply for those 16+)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (less than 6 months) <input type="checkbox"/> Unemployed (greater than 6 months) <input type="checkbox"/> SSI <input type="checkbox"/> AABD <input type="checkbox"/> TANF <input type="checkbox"/> Alimony <input type="checkbox"/> Annuity <input type="checkbox"/> None <input type="checkbox"/> Other	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (less than 6 months) <input type="checkbox"/> Unemployed (greater than 6 months) <input type="checkbox"/> SSI <input type="checkbox"/> AABD <input type="checkbox"/> TANF <input type="checkbox"/> Alimony <input type="checkbox"/> Annuity <input type="checkbox"/> None <input type="checkbox"/> Other	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (less than 6 months) <input type="checkbox"/> Unemployed (greater than 6 months) <input type="checkbox"/> SSI <input type="checkbox"/> AABD <input type="checkbox"/> TANF <input type="checkbox"/> Alimony <input type="checkbox"/> Annuity <input type="checkbox"/> None <input type="checkbox"/> Other	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (less than 6 months) <input type="checkbox"/> Unemployed (greater than 6 months) <input type="checkbox"/> SSI <input type="checkbox"/> AABD <input type="checkbox"/> TANF <input type="checkbox"/> Alimony <input type="checkbox"/> Annuity <input type="checkbox"/> None <input type="checkbox"/> Other
Farmworker/Waterman (Select one)	<input type="checkbox"/> N/A <input type="checkbox"/> Full-time Farmer <input type="checkbox"/> Full-time Waterman <input type="checkbox"/> Migrant Seasonal Waterman <input type="checkbox"/> Migrant Seasonal Farmer	<input type="checkbox"/> N/A <input type="checkbox"/> Full-time Farmer <input type="checkbox"/> Full-time Waterman <input type="checkbox"/> Migrant Seasonal Waterman <input type="checkbox"/> Migrant Seasonal Farmer	<input type="checkbox"/> N/A <input type="checkbox"/> Full-time Farmer <input type="checkbox"/> Full-time Waterman <input type="checkbox"/> Migrant Seasonal Waterman <input type="checkbox"/> Migrant Seasonal Farmer	<input type="checkbox"/> N/A <input type="checkbox"/> Full-time Farmer <input type="checkbox"/> Full-time Waterman <input type="checkbox"/> Migrant Seasonal Waterman <input type="checkbox"/> Migrant Seasonal Farmer
Income Sources (Check all that apply)	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> VA Benefits <input type="checkbox"/> Child Support <input type="checkbox"/> Private Pension <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> AABD <input type="checkbox"/> TANF <input type="checkbox"/> Alimony <input type="checkbox"/> Annuity <input type="checkbox"/> None <input type="checkbox"/> Other	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> VA Benefits <input type="checkbox"/> Child Support <input type="checkbox"/> Private Pension <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> AABD <input type="checkbox"/> TANF <input type="checkbox"/> Alimony <input type="checkbox"/> Annuity <input type="checkbox"/> None <input type="checkbox"/> Other	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> VA Benefits <input type="checkbox"/> Child Support <input type="checkbox"/> Private Pension <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> AABD <input type="checkbox"/> TANF <input type="checkbox"/> Alimony <input type="checkbox"/> Annuity <input type="checkbox"/> None <input type="checkbox"/> Other	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> VA Benefits <input type="checkbox"/> Child Support <input type="checkbox"/> Private Pension <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> AABD <input type="checkbox"/> TANF <input type="checkbox"/> Alimony <input type="checkbox"/> Annuity <input type="checkbox"/> None <input type="checkbox"/> Other
Education (Select one for those 16+)	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Trade School or other	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Trade School or other	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Trade School or other	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Trade School or other
Currently Attends School	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Use Only- Total in EA Household		Total Household Members*		

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Income Guidelines by Program

The table below shows the income guidelines for the Low-Income Home Energy Assistance Program.

Low-Income Home Energy Assistance Program 150% of Federal Poverty Guidelines 2019-2020		
Family Size	Gross Monthly Income	Gross Annual Income
1	\$1,561.25	\$18,735.00
2	\$2,113.75	\$25,365.00
3	\$2,666.25	\$31,995.00
4	\$3,218.75	\$38,625.00
5	\$3,771.25	\$45,255.00
6	\$4,323.75	\$51,885.00
7	\$4,876.25	\$58,515.00
8	\$5,428.75	\$65,145.00
Each Additional	\$552.50	\$6,630.00

Housing Details – Please provide details about your home

Occupancy Status	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless	Date Moved Into Home	
Housing Type	<input type="checkbox"/> Single Family Home <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Travel Trailer/ RV/Mobile <input type="checkbox"/> Mobile Home over 40 ft. <input type="checkbox"/> Duplex (2 units) <input type="checkbox"/> Triplex (3 units) <input type="checkbox"/> Quadplex (4 units) <input type="checkbox"/> Apartments		
Total Rent:	Lot Rent	Heat Included in Rent?	Year Home Built
\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord Name		Landlord Number	
Landlord Address:		City/State/Zip code	

Fuel Details- Please provide details on how you heat your home.

Type of Cooling	<input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Wood
Primary Heat Vendor	
Account Number	
Are you facing an emergency	

Cooling Details- <i>Please provide details on how you heat your home.</i>	
Type of Cooling System	<input type="checkbox"/> Central Air Conditioner <input type="checkbox"/> Central Heat Pump <input type="checkbox"/> Window/Wall Air Conditioner <input type="checkbox"/> Evaporative Cooler <input type="checkbox"/> Other
Primary Cooling Vendor	
Account Number	
Are you facing an emergency	

Universal Intake Signature Page

Zero Income Declaration- <i>Please complete if <u>everyone</u> in your household had <u>no</u> income over the previous three months. Note: If your household has declared zero income in the prior year, additional information may be required.</i>		
<u>I DELCLARE THAT THE GROSS INCOME FOR MY HOUSEHOLD HAS BEEN ZERO FOR THE PREVIOUS THREE MONTHS.</u>		
I understand that willful misrepresentation and/or concealment of facts can result in criminal or civil penalties. My household 's basic living needs for the previous 3 months have been met by: (Give a brief explanation Below:		
Shelter	Food	Utilities
Participant Signature:		Date:

<i>I certify that the information above is correct and true to the best of my knowledge and understand that further verification for NSC programs may be required for participation in those programs.</i>
<i>Are you willing to make a long-term commitment to share feedback?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

Nondiscrimination Notice
If you believe you have been discriminated against because of race, color, sex, handicap, national origin, religious creed, or political belief, you can file a complaint. Complaint forms are available from the address listed below or at the assistance provider listed above.
Maryland Commission on Civil Rights 6 Saint Paul Street Suite 900 Baltimore, Maryland 21202-1631 (800) 637-6247

Your Rights

If your application for assistance is denied, you will be notified in writing of the reason for the denial. If you are dissatisfied with this decision or feel you have been discriminated against in any way, you have thirty (30) days from the date the notice is mailed in which to request a fair hearing. If you file a fair hearing request, you will have a right to find out if your eligibility for the LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM was incorrectly determined according to State and Federal law and policy.

The mission of Neighborhood Service Center, Inc. (NSC) *is to work[s] toward eliminating poverty by empowering families to be self-sufficient.*

Please share with us your perceived barriers to stabilizing and/or thriving economically: Select all that apply, if any.

- Age
- Disabilities
- Criminal Record
- Disadvantaged Background
- Domestic Violence
- Drug and/Alcohol Abuse
- Lack of Education
- Employer Biases
- Has a Child/Children
- Housing or Homelessness
- Ineffective Job Search Skills
- Lack of Basic/Soft Skills
- Limited English Proficiency
- Long-term Welfare Recipient
- Mental Illness
- Need Training
- Needs Childcare Assistance
- No Transportation
- Gaps in Employment
- Lack of Self-Confidence/ Low Self-Esteem
- Wanting to Give-up/Burnout
- Not Understanding Recruitment
- No Transferrable Skills
- Lack of Formal Qualifications
- Lack of IT Skills
- Physical Health Issues
- Little to No Work History
- Sick Family Member
- Learning Disabilities
- Children's Services Involvement
- Suspended Driver's License
- Legal Problems
- Financial Issues/ Debt
- Illiteracy
- Appearance
- Social Isolation