



ENCAP Financial Assistance Screen

Head of Household Information

Client Name (First & Last):		DOB:	SSN:
Phone #:	Email Address:		County:
Street Address:		State: NE	Zip Code:
Currently Employed? Yes No	# of Adults in Home:	# of Children in Home:	Total Household Size:

Assistance Type Requested

<input type="checkbox"/> Rent/Mortgage	<input type="checkbox"/> Utilities	<input type="checkbox"/> Transportation	<input type="checkbox"/> Food	Other (specify):
Monthly Payment Amount:	Amount Currently Owed:	Eviction/Shutoff: Yes No	Eviction/Shutoff Date(s): Payment Due Date(s):	

Assistance History

Are you currently receiving assistance from another agency?	Yes	No
Have you applied for assistance from another agency?	Yes	No
Have you received assistance from ENCAP before?	Yes	No
If you received assistance from ENCAP, when was the last time?		
How did you hear about ENCAP?		

Description of Need

Briefly state the circumstances that led up to needing assistance

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For Office Use Only (Client self-reported data)

Does client receive assistance? (SSI, Child Support, SNAP etc)	Yes No	Monthly Income: \$	
		Estimated FPL %:	
Client Eligible for Funding Source(s) (check all that apply)			
<input type="checkbox"/> ARPA	<input type="checkbox"/> Dollar Energy	<input type="checkbox"/> Goodfellows	<input type="checkbox"/> Other (specify):