



Georgia Department of Human Services
DeKalb County Family & Children Services - Region XIV
2300 Northlake Parkway, Atlanta, GA 30345 • 404-370-5000

Dekalb County General Assistance

DeKalb County Department of Family and Children Services (DFCS) currently has funds available to assist households who has experienced an unexpected, uncontrollable, one time crisis or emergency that has prevented the applicant from paying their utilities or rent. The Applicants must demonstrate that they are facing disconnection of utility service (i.e. gas, electricity or water) or eviction from their residence.

Who is eligible to apply?

- A. You **must** be a resident of DeKalb county.
- B. One or two parent household with **minor children under the age of 18.**
- C. **You must have consistent verifiable income (wages, child support, social security, unemployment).**

OR

- D. Elderly (60 and above) and/or receiving VA or Social Security Disability.
- E. Experiencing hardship due to a natural disaster or pandemic.
- F. In order to apply for assistance, the following criteria must also be met:
 - 1) For utility assistance, the account MUST have a past due balance OR be in disconnect status.
 - 2) For rental/mortgage assistance, we MUST have a DeKalb County warrant OR late notice from apartment complex/landlord OR Mortgage Company which provides the following information:
 - **Applicant name shown as the renter/lease/homeowner.**
 - **Applicant is behind in rent/mortgage and eviction is imminent.**
 - **Itemized list of charges including any late charges or miscellaneous expenses.**
 - **Handwritten notices are NOT accepted.**

- 3) **Applicant must have verifiable income to show that you will be able to pay your household expenses for the following month.**
- 4) Applicant must have **a valid and verifiable unforeseen emergency that prevented them from paying the bill. Specific case circumstances will be reviewed on an individual basis to determine eligibility.** If needed, verification will be requested by the case manager.

G. Verification documents needed in order to process the emergency assistance application:

- 1) Current Past Due or Disconnection notice, Current late notice from mortgage company/landlord or dispossessory warrant.
- 2) Valid/Current Government issued Photo ID for applicant
- 3) Income verification for all household members- 2 months of income.
- 4) Additional Verification: contact phone numbers, household bills, receipts to validate the reason for being delinquent if applicable. Other items are requested as needed on a case by case basis.



GENERAL ASSISTANCE APPLICATION

Georgia Department of Human Services
 Dekalb County Family & Children Services - Region XIV
 2300 Northlake Parkway, Atlanta, GA 30345 • 404-370-5000

DeKalb County Department of Family and Children Services (DFCS) currently has funds available to assist household who had an **UNEXPECTED, UNCONTROLLABLE, ONE TIME CRISES OR EMERGENCY** that prevented them from paying their utilities or rent. Applicants must now be facing disconnection of utility services (gas electricity or water) or eviction from their rental residence with a Disposessory Warrant signed by a Judge.

| | |
|---|--|
| Name of Applicant (Please Print) | |
| Date of Application | |

Client must meet all of the following eligibility requirements to be considered for General Assistance: However, meeting the application requirements does not mean that you will or will not be eligible for the General Assistance program.

| Please Check Appropriate Box | Yes | No |
|--|-----|----|
| Are you a DeKalb County Resident? | | |
| Do you have minor children (under 18yrs) living in your household? | | |
| Are you at least 60 years of age or disabled? (VA, Social Security Disability/RSDI) | | |
| Are you homeless? | | |
| Do you have consistent income in your home? (Wages, Child Support, Disability, Social Security or Unemployment Benefits) | | |
| What Are You Applying For? Please Check YES for the Program Applying For. | Yes | No |
| <u>Rental Assistance</u> Are you applying for Rental/Mortgage Assistance? If so, Do you have a Disposessory Warrant or Late Notice? | | |
| <u>Utility Assistance</u> Are you applying for Utility Assistance? If so, Do you have A Past Due Balance or a DISCONNECT notice from the service provider with a scheduled disconnect 15 days from the application Date? | | |
| | Yes | No |
| Do you have any cash on hand? | | |
| Is there anyone keeping cash for you? Whom? _____ How much? _____ | | |
| Do you own an automobile? If yes, Year _____ Make _____ Model _____ | | |
| Do you receive Child Support? If yes, how much? _____ How often paid? _____ Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> | | |



Please explain you unexpected, uncontrollable, one-time crisis or emergency that happened in the past 30 days that prevented you from paying your bill. **Please be as detailed as possible.** Your case situation will be reviewed along with verification to determine eligibility. **You must complete this page, or your application will be denied for being incomplete.**

Please check Appropriate Box

Veteran Male Female Married Single Divorce

Do you receive any of the following?

Food Stamps Medicaid Subsidized Childcare (CAPS) TANF Section 8

****Note: STATE AND COUNTY EMPLOYEES ARE INELIGIBLE FOR THIS PROGRAM**



| | | | |
|--------------------------------|-------------------------------|-----------------------------------|-----------------------|
| Name | Social Security Number | Phone Number: | Date of Birth: |
| | | | |
| Street Address (Apt #): | | City, State & Zip Code | |
| | | | |
| Email Address: | | | |
| | | | |

Income: Please list ALL members of your household, including Yourself & all minor children:

| Name | Birth Date | Relationship | Monthly Income | Source of income (wages, SSI, SS, Child Support) |
|-------------|-------------------|---------------------|-----------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Expenses: You MUST complete this section fully.

| Bills: | Amount Due | How often paid | Date last paid | Paid by whom |
|------------------------|-------------------|-----------------------|-----------------------|---------------------|
| Rent | | | | |
| Electric Bill | | | | |
| Gas Bill | | | | |
| Cell Phone | | | | |
| Medical Bills | | | | |
| Child Care | | | | |
| Child Support Paid out | | | | |
| Other | | | | |
| Total | | | | |

Under Georgia law, anyone who willfully makes false statements in order to receive assistance is subject to a fine and/or imprisonment. Georgia Public Assistance Act of 1965 (act#354 as amended in 1973).

Signature _____ Date _____