

NASH-EDGECOMBE ECONOMIC DEVELOPMENT, INC.
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ROCKY MOUNT, NC 27802-2346
Office # 252.442.8081 Fax# 252.442.4472

BASIC INTAKE FOR COVID-19 EMERGENCY SERVICES APPLICATION

Services Requested (Check services needed): Head Start _____, Self-Sufficiency _____, Weatherization _____
Section 8 Housing _____, HARRP _____ Other (Specify) _____

APPLICATION								
Last Name		First		Middle Initial		Verified Social Security # Yes _____ No _____		
Address (Mailing)		City		Zip Code		County		Telephone#
Address (Physical)		Marital Status		Sex		Ethnic Group		Date of Birth
Housing Status								
Rent _____ Other _____		Own _____ Buying _____		Monthly Amt. \$ _____		Heating type		# of Bed Rooms
Transportation Status								
Handicapped (<i>Diagnosis</i>) Yes _____ No _____								
Name				Describe Condition				
HOUSEHOLD INFORMATION								
Household Members' Name	SS#	Date of Birth	Relationship to Head of Household	Sex	Education Level	Employment Status	Source of Income	Monthly Amount
	XXX-XX-XXXX							
	XXX-XX-XXXX							
	XXX-XX-XXXX							
	XXX-XX-XXXX							
	XXX-XX-XXXX							
	XXX-XX-XXXX							
Food Stamps Amount \$ _____			Subsidized Rent Amount \$ _____ By Whom:			Total Household Income (Gross) \$ Annual Income \$		

I certify that the information given on this application is true and correct and any misrepresentation is illegal and any violation can be pursued in Federal Court. I hereby authorize the agency to verify any information concerning my household income by waiving my rights to privacy concerning such records.

Signature of Client _____ Date _____

Signature of Staff Member _____ Date _____