



GREEK ORTHODOX LADIES PHILOPTOCHOS SOCIETY, INC.
Please email or mail this application to:

NATIONAL PHILOPTOCHOS SOCIAL SERVICES
126 East 37th Street • New York, NY 10016
socialwork@philoptochos.org

PLEASE ATTACH
CURRENT PHOTO
OF APPLICANT

PHILOPTOCHOS COVID-19 EMERGENCY ASSISTANCE APPLICATION

DATE ___/___/___ HOW DID YOU HEAR ABOUT OUR ASSISTANCE? _____

NAME OF APPLICANT _____
 ADDRESS _____ Apt _____

 CITY STATE ZIP CODE METROPOLIS
 TEL: HOME (____) _____ WORK: (____) _____ CELL: (____) _____
 EMAIL ADDRESS _____
 DATE OF BIRTH (DOB): _____ SSN XXX-XXX- _____
 NAME SPOUSE/PARTNER LIVES IN SPOUSE/PARTNER'S
 MARITAL STATUS: _____ HOUSEHOLD ___Y___N DOB: _____
 TYPE OF HOUSING MONTHLY AMT.
 (Rent/Own/Roommate/Other) _____ RENT or MORTGAGE _____
 NAME / ADDRESS LL/MORTGAGE HOLDER: _____

OTHERS IN HOUSEHOLD:		
NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

SOLELY SO WE CAN DETERMINE IF YOU MAY BE ELIGIBLE FOR PUBLIC BENEFITS OR OTHER ENTITLEMENTS, PLEASE PROVIDE:
 CITIZENSHIP ___US CITIZEN ___/GREEN CARD ___ UNDOCUMENTED ___ GREEK NAT'L. ___ OTHER _____

SPECIFIC ASSISTANCE BEING REQUESTED: _____

EMPLOYMENT INFORMATION:
 ARE YOU CURRENTLY EMPLOYED? ___No ___Yes NAME OF EMPLOYER _____
 DATES EMPLOYED: (FROM) _____ (TO) _____ TYPE OF WORK YOU DO _____
 YOUR ANNUAL INCOME: _____ CAN YOU SUBMIT MOST RECENT PAY STUB OR TAX RETURN
 ARE OTHERS IN HOUSEHOLD CURRENTLY WORKING? YES ___ NO ___ MONTHLY AMT. THEIR INCOME _____
 TOTAL MONTHLY HOUSEHOLD INCOME AS OF DATE OF THIS APPLICATION: _____

IMPACT OF COVID-19 PANDEMIC ON YOU & YOUR FAMILY
 FINANCIAL: PLEASE SEE NEXT PAGE

PRIMARY APPLICANT:
EMPLOYMENT: _____ TEMPORARILY LAID OFF _____ PERMANENT LAY OFF _____ NOT SURE
HEALTH: NEED MEDICAL TREATMENT/HOSPITALIZATION ___YES ___NO ___NOT SURE
MENTAL HEALTH: EMOTIONAL STRESS/ ANXIETY/DEPRESSION? ___YES ___NO
 WOULD YOU LIKE A REFERRAL FOR COUNSELING? ___YES ___NO ___NOT SURE

OTHER(S) IN HOUSEHOLD: NAMES _____
EMPLOYMENT: _____ TEMPORARILY LAID OFF _____ PERMANENT LAY OFF _____ NOT SURE
HEALTH: NEED MEDICAL TREATMENT/HOSPITALIZATION ___YES ___NO ___NOT SURE
MENTAL HEALTH: EMOTIONAL STRESS/ ANXIETY/DEPRESSION? ___YES ___NO
 WOULD YOU LIKE A REFERRAL FOR COUNSELING? ___YES ___NO ___NOT SURE _____

NAME OF APPLICANT _____

UNEMPLOYMENT BENEFITS INFORMATION:

ARE YOU ELIGIBLE FOR PAID LEAVE FROM WORK? YES NO

SICK LEAVE _____ PAID FAMILY LEAVE _____ DISABILITY _____ OTHER _____

IF YES, FOR HOW LONG WILL YOU BE RECEIVING BENEFITS? _____

HAVE YOU FILED A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS (UIB)? YES NO

WHAT IS/WILL BE AMOUNT OF YOUR WEEKLY UIB BENEFIT? _____

PUBLIC BENEFITS / GOVERNMENT ENTITLEMENTS / OTHER INCOME:

HAVE YOU ASKED YOUR LOCAL PHILOPTOCHOS CHAPTER AND/OR METROPOLIS PHILOPTOCHOS FOR HELP? YES ___ NO ___

OTHER THAN UIB - UNEMPLOYMENT INSURANCE BENEFITS - PLEASE IDENTIFY INCOME/ GRANTS YOU ARE OR WILL BE RECEIVING FROM OTHER SOURCES:

AMOUNT DATE REC'D.

_____ PUBLIC BENEFITS IDENTIFY: _____

_____ PHILOPTOCHOS: ASSISTANCE FROM LOCAL OR METROPOLIS PHILOPTOCHOS

NAME OF CHURCH/PHILOPTOCHOS CHAPTER _____

_____ CONTRIBUTIONS FROM FAMILY, FRIENDS

_____ UNITED WAY/ OTHER LOCAL NONPROFITS/ ORGANIZATIONS

_____ SMALL BUSINESS LOAN/ OTHER (PLEASE IDENTIFY) _____

_____ OTHER FINANCIAL ASSISTANCE (PLEASE IDENTIFY) _____

HOUSEHOLD EXPENSES

ITEM	MONTHLY AMT	PAID TO	OTHER INFORMATION
HOUSING (RENT/MORTGAGE)			
REAL ESTATE / OTHER TAXES			
UTILITIES (GAS/ELECTRIC ETC..)			
HEAT / HOT WATER / OIL			
TELEPHONE/INTERNET/CELL			
FOOD / OTHER (E.G. DIAPERS)			
TRANSPORTATION / CAR INS.			
HEALTH INS/ COBRA PREMIUMS			
LIFE INSURANCE			
CHILD SUPPORT/ ALIMONY			
LOANS / STUDENT/ CREDIT CARDS			
OTHER _____			

PLEASE NOTE OUR POLICIES and PROCEDURES REGARDING FINANCIAL ASSISTANCE:

- **INFORMATION PROVIDED IS CONFIDENTIAL** & WILL NOT BE SHARED WITHOUT YOUR PERMISSION.
- IF APPROVED FOR FINANCIAL ASSISTANCE, PLEASE NOTE THAT **WE DO NOT PROVIDE DIRECT CASH ASSISTANCE** TO APPLICANTS. **WE PAY BILLS DIRECTLY TO PROVIDER/VENDOR**, e.g. LANDLORD, MORTGAGE HOLDER, UTILITIES, MEDICAL PROVIDER, ETC.
- CASES SEEKING FINANCIAL ASSISTANCE ARE REVIEWED BY DESIGNATED OFFICERS OF PHILOPTOCHOS.
- AS OUR RESOURCES ARE LIMITED IN AMOUNT AND SCOPE, WE CANNOT PROVIDE ONGOING FINANCIAL ASSISTANCE.

• **PLEASE SUBMIT COPIES OF RECENT OUTSTANDING BILLS THAT YOU WOULD LIKE US TO CONSIDER PAYING DIRECTLY**
LIST BILLS _____

• **PLEASE PRIORITIZE THESE BILLS: IN WHAT ORDER SHOULD WE CONSIDER CONTRIBUTING TO THEM?**

IF THERE ARE OTHER EXTENUATING CIRCUMSTANCES YOU'D LIKE US TO CONSIDER, ATTACH DETAILS ON SEPARATE PAPER

CERTIFICATION:

I certify that the information included on this form is true and complete to the best of my knowledge.

Signature of Applicant

Date