

Community Outreach Group (COG) /Emergency Assistance Fund (EAF)
PO BOX 4041 (96 Kings Hwy) Middletown, NJ 07748
Phone 732-671-8775 Fax 732-671-8772

(Rev. Apr 2022)

Last Name _____ First Name _____ Last 4 digits SSN _____

Full Address _____

Phone No(s) _____ Date of birth _____

Marital Status: S M D W Separated Living with partner or roommate

No. in Household: Adults _____ Children and ages _____

Name of Spouse/Other Adults _____

Rent or Own Home? _____ Amount per month \$ _____

Section 8 or any rental assistance? Yes ____ No ____ Amount of rental assistance \$ _____

Monthly Household Income (gross) \$ _____

List all sources of income (e.g. occupation, unemployment, SSI, TANF, alimony, social security, disability)

Employer(s) and address (if employed):

Type of help and amount needed: Electric \$ _____ Gas \$ _____ Water/Sewer \$ _____

Telephone \$ _____ Rent \$ _____ Mortgage \$ _____ Other _____

Do you presently have an eviction or shut off notice? _____

Did Covid impact your financial situation? (For surveying purposes only: Please check one) Yes ____ No ____

CAUSE OF FINANCIAL PROBLEM:

Have we helped you before? _____ When? _____

Other groups asked for help? _____ List groups and what they helped you with.

I declare and understand that all the information and answers to questions herein AND any documentation provided to EAF is complete, true and accurate to the best of my knowledge and belief. I understand that any misrepresentation, falsification or omission of any facts called for in the application may render this application void and will be cause for termination whenever discovered. I further authorize and give permission to COG to contact and share this information with any pertinent government or private agencies for auditing, validation or funding assistance purposes. I herein release COG Inc. from all liability in connection with those disclosures.

Signature _____ Date _____