



GREEK ORTHODOX LADIES PHILOPTOCHOS SOCIETY, INC.

Please email this application to: Metropolis of Atlanta Social Services Liaison Presvytera Evi Kaplanis at eviskaplanis@aol.com

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: (\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH (DOB): \_\_\_\_\_ SSN XXX-XXX-\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ NAME SPOUSE/PARTNER \_\_\_\_\_ LIVES IN \_\_\_\_\_ SPOUSE/PARTNER'S \_\_\_\_\_ HOUSEHOLD \_\_\_Y\_\_\_N DOB: \_\_\_\_\_

TYPE OF HOUSING \_\_\_\_\_ MONTHLY AMT. \_\_\_\_\_ (Rent/Own/Roommate/Other) \_\_\_\_\_ RENT or MORTGAGE \_\_\_\_\_

NAME / ADDRESS LL/MORTGAGE HOLDER: \_\_\_\_\_

OTHERS IN HOUSEHOLD:

Table with 3 columns: NAME, RELATIONSHIP, DATE OF BIRTH. Includes three rows for additional household members.

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