



Dove Financial Assistance Application

Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Email: _____

Type of Assistance Needed:

☐ **Rent**

How much do you owe? _____ What months? _____

Landlord's name, address, and phone number:

☐ **Power/Gas**

How much do you owe? _____ What months? _____

Ameren/other account number: _____

☐ **Water**

How much do you owe? _____ What months? _____

City of Decatur/other water bill account number: _____

☐ **Garbage**

How much do you owe? _____ What months? _____

Garbage Company Name and Address:

Account number: _____

Household Member Information

Name	DOB	Social Security Number	Employment
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Veteran ☐ Yes or ☐ No

Ethnicity ☐ Latino or ☐ Non-Latino

Primary Race ☐ Asian ☐ Black/AA ☐ Native American ☐ Native Hawaiian
☐ White

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Widow ☐ Divorced

Type of Household: ☐ Single ☐ Couple, no children ☐ 2 Parent Family
☐ Single Parent ☐ Other (specify) _____

30 Day Income _____ **Annual Income** _____

Within Income Guidelines ☐ Y ☐ N

Signature: _____ **Date:** _____

If you have questions, please call 217-619-9108
or email: dfa@doveinc.org or shartman@doveinc.org

Required Documents

- ☐ ID
 - ☐ Lease
 - ☐ Power Bill
 - ☐ Water Bill
 - ☐ Garbage Bill
 - ☐ Landlord Certification *
 - ☐ Landlord Agreement *
 - ☐ W9 *
 - ☐ other:
-
-

Please drop off all documentation to Dove Financial Assistance @ Northeast Community Fund, 839 N Martin Luther King Jr Drive Decatur, Il 62521.

*Needs completed by Landlord

Notice of Understanding

I _____ and

the Applicant/Occupant

_____ understand that I have

applied for assistance from Dove Financial Assistance. I have agreed to provide Dove Financial Assistance with all the correct and pertinent documentation to determine my eligibility. I also understand that although I am providing the documents required, it does not guarantee that I will receive assistance. I understand providing false and/or incorrect information may result in legal action. I further understand I will be required to repay funds to Dove Financial Assistance if I violate the requirements.

Applicant

Date

Co-Applicant (if applicable)

Date

Approved____ Not Approved____ Date_____

Signature of Supervisor_____

Entered into Oasis: _____

Date: _____

HARDSHIP REASONS

MEDICAL

- ☐ Positive Covid Test Result
- ☐ Homecare for Covid Patient
- ☐ Proof of Hospitalization
- ☐ Surgery
- ☐ Recovery
- ☐ Medical Emergency
- ☐ Medical Disability

NATURAL DISASTER

- ☐ Property Damage Loss
- ☐ Fire
- ☐ Tornado/Wind
- ☐ Water Damage

OTHER CRISES

- ☐ Loss of Employment
- ☐ Action by Landlord
- ☐ Victim of a Crime
- ☐ Loss of Public Benefits

FAMILY CRISIS

- ☐ Death
- ☐ Divorce
- ☐ Change in Household Income
- ☐ Children Home for Remote Learning

SENIOR HEALTH SERVICES

- ☐ Homecare Services
- ☐ Grandparents Raising Grandchildren

MILITARY HARDSHIP

- ☐ Deployment
- ☐ Military Disability
- ☐ Delay of Public Benefits
- ☐ Displacement by govt. or private action
- ☐ Other_____
- ☐ Other_____

Dove Financial Assistance

CONSENT FOR RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

To be signed by households that intends to receive financial assistance. This form allows the Dove INC to discuss the case via an exchange of information.

I, _____, authorize Dove Financial Assistance to release and exchange information with:

- | | |
|--|---|
| <input checked="" type="checkbox"/> DHS | <input type="checkbox"/> Northeast Community Fund |
| <input checked="" type="checkbox"/> Empowerment Opportunity Center | <input type="checkbox"/> HUD |
| <input type="checkbox"/> The Salvation Army | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Macon County Continuum of Care | |

Via the Oasis Software

I have also been informed that I may, in writing to Dove Inc; revoke this consent for release/exchange of information at any time and this may affect my continued eligibility. Unless otherwise indicated, this consent for the release/exchange of the information indicated above will be valid for a period of 12 months after I apply.

Head of Household Signature

Date

Staff Signature

Date

Landlord Certification Form

Landlord's Name: _____

Mailing Address (address where you want check mailed)

Contact Name _____ Position _____

Telephone _____ Alt. Phone _____

Tenant Name _____

Rental Address _____

Monthly Rent \$ _____ Total Past Due \$ _____

Most Recent Payment by Tenant \$ _____ Date of Last Payment _____

Total Past Due as of today \$ _____ Month's include _____

Late Charges \$ _____

How long has tenant lived at property? _____

If assistance is approved, will you continue renting to the tenant?

A check will be distributed through the mail within 10 business days to the mailing address you have listed above. **The check will be dispensed from the local Dove, Inc. office.** If you have any questions, please contact the finance department at 217-428-6616.

By acknowledgement below, I agree to continued partnership with the tenant based on lease agreement compliance.

X _____ Date _____

Landlord or Property Manager

~~Landlord Agreement~~

Date: _____

This is to confirm **Dove Financial Assistance** is agreeing to assist the following tenant with a **ONE TIME** rental assistance payment in the amount of \$_____ for the month(s) of _____.

By signing this agreement, you are accepting this one-time assistance and are agreeing this tenant will be able to remain on/in your property for at least another 30 days.

Please return this form to: Dove Financial Assistance 839 N Martin Luther King Jr Drive Decatur, IL 62521.

Tenant/Client Name: _____

Address of Tenant/Client: _____

Landlord's Name: _____

Address: _____

Phone #: _____

Landlord Signature: _____

Supervisor's Signature: _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.