

Neighbors in Need Crisis Fund

Program Overview

The Neighbors in Need Crisis Fund exists to give financial assistance to people in our community who are going through crisis. The program primarily serves residents of the City of Pittsburgh who are at risk of homelessness or severe loss of fundamental needs due to unexpected circumstances.

The Crisis Fund awards grants for **short-term emergency needs**, including food, medicines, emergency home repair, emergency auto repair, mortgage or rent assistance, purchase or repair of necessary appliances. Other cases may be considered.

The typical grant award is \$250. Grant requests above \$250 will only be considered under extreme circumstances. Neighbors in Needs grants are made payable only to third parties, such as utility companies.

Neighbors in Need is fiscally sponsored by the Bloomfield-Garfield Corporation, a 501(c)3 nonprofit.

Eligibility Criteria

To be eligible to apply for financial assistance, applicants must reside within the City of Pittsburgh. Applicants must be working, enrolled in a degree-seeking educational program, disabled, or senior citizens. Those who have been laid off within the past 90 days or are currently on family or medical leave are also eligible. Applicants' household incomes must not exceed 200% of the federal poverty guidelines (see chart below for 2020 guidelines).

Household Size	Maximum Household Annual Income	Maximum Monthly Income
1	\$25,520	\$2,127
2	\$34,480	\$2,873
3	\$43,440	\$3,620
4	\$52,400	\$4,367
5	\$61,360	\$5,113
6	\$70,320	\$5,860
7	\$79,280	\$6,607
8	\$88,240	\$7,353

For questions concerning eligibility or for more information about the program, please email either:

Tom Dickson: tdicksonpgh@gmail.com

Rick Swartz: Ricks@bloomfield-garfield.org

Neighbors in Need Crisis Fund Application

Applicant Information

Date: _____

Applicant's First Name: _____ Middle Initial: _____

Applicant's Last Name: _____

Co-Applicant's First & Last Name: _____

Applicant's Birth Date: _____ Co-Applicant's Birth Date: _____

Telephone Number: _____ E-mail address: _____

Home Address: _____

Years at current address: _____

Do you own your home? _____

List all individuals living in your household, including their names, ages and relationship to you:

Name and contact information of your nearest next of kin:

Purpose of Grant

Amount Requested: \$ _____

Please describe what the grant will be used for and why you need financial assistance:

Are there special circumstances or deadlines that we need to be aware of?

If you receive assistance from the fund, how will you prevent a similar situation from arising in the future?

Do you have family or friends that can provide you with financial assistance?

Additional Documents

In addition to this application, please provide the following to prove eligibility:

- Two recent pay stubs** and a **copy of your 2019 tax return (or most recent return)**
- Copy of photo ID** and a **copy of two recent bank statements**
- Proof of need** for requested funding (eviction or utility shutoff notices, health care bills, etc.)
- Other documents to prove financial need

If you have difficulty providing any of these documents or are unsure if you qualify for a grant, please contact us to discuss your specific circumstances.

Financial Information

Applicant's current place of employment (if applicable):

Name of Employer: _____

Job Title or Position: _____ Work Telephone: _____

Hourly Wage or Annual Salary: _____

Co-applicant's current place of employment (if applicable):

Name of Employer: _____

Job Title or Position: _____ Work Telephone: _____

Hourly Wage or Annual Salary: _____

Please list the amounts you have in the following accounts:

_____ IRA or 401(k) _____ Checking or Savings Accounts or Other

As of today, what is the net worth of your (and your spouse's) assets and investments, including real estate? (Net worth means total assets and investments minus debt) \$ _____

Does your household receive any type of financial assistance (e.g. Food stamps, utility assistance, medical assistance, etc.)? Please list if applicable. _____

Consents/Disclosures

Primary Applicant:

I acknowledge that all of the information disclosed in this application is true and accurate to the best of my knowledge. If it is necessary to do so, I hereby authorize the BGC to obtain a report on my credit history for internal use by the BGC only.

Signature: _____ Date: _____

Co-Applicant

I acknowledge that all of the information disclosed in this application is true and accurate to the best of my knowledge. If it is necessary to do so, I hereby authorize the BGC to obtain a report on my credit history for internal use by the BGC only.

Signature: _____ Date: _____

Return application to:

Neighbors in Need c/o Rick Swartz

5149 Penn Avenue

Pittsburgh, PA 15224

Email: ricks@bloomfield-garfield.org