*Proudly Assisting The Seniors (PATS)*

Basic Needs Request Form *(Printable Version)*

If you are a Detroit senior (age 60+) who is experiencing financial hardships and unable to meet your basic daily needs (food, housing, utilities, medicine, clothing, etc.), you’re eligible to complete this form.

**Name Street Address**

First Last

**City State/Zip Home Phone**

**Cell Phone Email Address**

**List all individuals living in your household.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship** | **Age** | **Date of Birth** |
|  | Self |  |  |
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**Ethnicity: (Please check all that apply)**

🞎 Black/African American 🞎 Native American

🞎 Hispanic/Latino 🞎 Pacific Islander

🞎 Asian 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Caucasian 🞎 I prefer not to say

**Monthly Household Income:**

🞎 0 - $972.00 🞎 $1,988 - $2,326.00 🞎 $3,342 - $3,679.00

🞎 $973 – $1,310.00 🞎 $2,327 - $2,664.00 🞎 $3,680 - $4,018.00

🞎 $1,311 - $1,635.00 🞎 $2,665 - $3,002.00 🞎 $4,019 - $4,856.00

🞎 $1,636 - $1,987.00 🞎 $3,003 - $3,341.00 🞎 $4,857 – above

**Current Sources of Income and Amount ($):**

🞎 Work - $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Pension or Retirement - $\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Social Security - $\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Unemployment/Worker’s Compensation-$\_\_\_

🞎 Supplemental Security Income (SSI)- $\_\_\_\_\_\_\_🞎 Veterans Benefits (VA) - $\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Social Security Disability Insurance (SSDI) - $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Other ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_ - $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family’s Current Needs? (Mark all that apply)**

🞎 Food 🞎 Transportation

🞎 Mortgage/Rent Assistance 🞎 Medication

🞎 Clothing 🞎 Property Taxes

🞎 Utility Assistance (Gas) 🞎 Home Repair (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Utility Assistance (Water) 🞎 Medical Expenses (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Utility Assistance (Electricity) 🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Include a Brief Description:**

**List Current Monthly Expenses:**

Mortgage/Rent $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gas $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_

Food $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Water $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Car $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Electricity $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cable/Internet $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medication $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you current on ALL major expenses?**

🞎 Yes 🞎 NO

**Does anyone in your household have a vehicle (car/truck)?** 🞎 Yes 🞎 NO

If yes, list make, model, and year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there members of the household with a disability?**

🞎 Yes (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 NO

Please allow 5-7 business days for a response from a Proudly Assisting The Seniors (PATS) team member. If you have questions regarding this application, please feel free to contact us via email at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or by phone on Monday-Friday from 10:00 a.m. to 3:00 p.m. at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I certify, under penalty of perjury, that the answers I am about to give are correct and complete to the best of my knowledge.

|  |  |
| --- | --- |
| Your Signature | Today’s Date |
| Signature of Person, If Any, Who Helped Complete the Form | Today’s Date |
| Print Name of Person Who Helped Complete Form | Phone Number |
| Mailing Address of Person Who Helped Complete Form | City State Zip |

**IMPORTANT: READ AND COMPLETE THIS SECTION IF SUBMITTING THIS DOCUMENT ELECTRONICALLY.**

🞎 By checking this box and typing my name in the “Your Signature” box above, I am electronically signing this document. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

|  |
| --- |
| **STAFF USE ONLY DATE RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Open Closed Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |