



Financial Assistance Program

Samaritan House serves as a centralized resource dedicated to fighting poverty and lifting lives in San Mateo County. We help program participants navigate any crisis, access the support, information, and resources needed to stay housed. We provide a full range of essential services including rental, utility assistance, food assistance, medical assistance, and more.

You have expressed that you are in need of financial assistance such as rent, deposit, utilities, etc. Therefore, please find attached the application for your convenience. Once you have collected all of the items found on the "Application Check List," then please place all of your documents in an envelope to be dropped off at Samaritan House or Samaritan House South.

This is not an entitlement program. All applications will be screened diligently in accordance with all federal, state and local regulations. Samaritan House funds are limited and restricted. Applications can be processed only after all requested documents have been submitted. You must have lived and paid rent in Millbrae, Burlingame, Hillsborough, San Mateo, Foster City, Menlo Park, East Palo Alto, Belmont, San Carlos for the past 30 days or more, and have proof that you currently live there (i.e. lease, utility bill, or other).

Due to the high volume of requests for assistance, we will process your application in the order it has been received.

Please feel free to call and leave a message with any questions or concerns.

1836B Bay Road • East Palo Alto, CA 94303 •
(650)294-4312 • Fax (650)425-9338
www.samaritanhousesanmateo.org
Food • Shelter • Clothing • Counseling • Healthcare

Please answer all sections completely:

Responda todas las secciones completamente:

Name: _____, _____ DOB _____ Fecha de Nacimiento _____ Gender: M F
 Nombre: Last Name / Primer Apellido, First Name /Primer Nombre _____ mm dd aa (yy) Sexo: Masculino Femenino
 Address _____ City _____ Zip Code _____
 Dirección _____ Ciudad _____ Código Postal _____
 Telephone _____ e-mail: _____
 Número de Teléfono _____ Correo electrónico _____

Marital Status: Married Single Widowed Divorced Other _____
 Estado Civil: Casado(a) Soltero(a) Viudo(a) Divorciado(a) Otro _____

Race (Mark all that apply) White Black Asian Amer-Indian Native Hawaiian/Pacific Islander Other _____
 Raza (Marque todos los que aplican): Blanca Moreno Asia Indio Americano Nativo de Hawaii/Islands del Pacífico Otro _____

Hispanic (check one) Yes No Primary Language: Spanish English Other _____
 Hispano (marque uno): Sí No Idioma Primario: Español Inglés Otro _____

Emergency Contact: _____ Telephone Number _____
 Contacto de Emergencia: _____ Número de Teléfono _____

Household Members:
 Miembros del hogar:

Name Nombre	Gender: Sexo:	Date of Birth Fecha de Nacimiento	Monthly Income Ingresos Mensuales	Country of Birth País de nacimiento	Vet Veterano

Highest level of education of applicant 0 - 8 yrs 9 - 12 yrs 12+ yrs
 Máximo grado de Educación del cliente: 0 - 8 años 9 - 12 años 12+ años

Seguro de Medico: Ninguno Kaiser Medi-Cal Medicare ACE Otro: _____
 Health insurance None Other: _____

Non Cash Benefits Information: (check all that apply)
 Información de beneficios no monetarios (marca el que corresponde)

Food Stamps WIC CalWorks Transportation
 Estampillas de Comida WIC / Mujeres y niños Ayuda de para transporte
 Section 8 CalWorks ChildCare
 Sección 8 Ayuda para cuidado de niños

Application Check List:

Name: _____ Date: _____

Before your application can be presented, all items checked on this form must be completed.

- Proof of Identification for each member of the household (i.e. picture ID, birth certificate, Social Security, etc.)
- Employment Verification for past 30 days (i.e. recent paycheck stubs)
- Other Income Verification (i.e. letters or statements from CalWorks, Child Support, Social Security, Unemployment, Employment offer letter)
- Bank Statements for the last 3 months
- Verification of critical housing need: This may include eviction notice, notice of delinquent rent, 3 day pay or quit or statements from other members of shared situation.
- Utility bills for the past 3 months and/or shut off notice
- Rental/Lease Agreement
- Any additional documentation deemed necessary to demonstrate the client's situation or need for assistance.
- Landlord Contact: email and phone _____

Also supply the following if checked below

- Documents related to COVID-19 temporary loss of income
- Auto registration and auto insurance policy for auto repair
- 3 estimates for auto repair
- Other

Total Amount Requested: \$ _____

Total Housing Cost: \$ _____

Budget Worksheet

Applicant(s) Name(s): _____ Date: _____

INCOME	
	Last 30 Days
Applicant's gross income: Job #1	
Applicant's gross income: Job #2	
Second Applicant's gross income: Job #1	
Second Applicant's gross income: Job #2	
Other Household Members' Income (combined)	
SSI or SSDI benefit amount	
Other income (circle all that apply): Unemployment, Alimony, Child Support, CalWORKS, General Assistance, Retirement, Vet's Pension, Other Pension	
TOTAL MONTHLY INCOME	\$
EXPENSES	
	Last 30 Days
Rent	
Utilities: PG&E/water/garbage	
Telephone	
Food	
Health insurance	
Medical (prescriptions, doctor's visits, etc.)	
Car payment	
Auto Insurance	
Transportation (bus, gas, tolls, parking)	
Child care	
Clothing	
Toiletries	
Laundry, cleaning, other household	
Installment payments (credit cards or loans) <i>Indicate payment type:</i>	
Cable television	
Internet	
Miscellaneous (cigarettes, entertainment, etc.)	
TOTAL MONTHLY EXPENSES	\$
TOTALS	
	Last 30 Days
Total income (from Gross Income Section)	
Less total expenses (from Expenses Section)	
MONTHLY BALANCE	\$

SAN MATEO COUNTY CLARITY HMIS PRIVACY NOTICE

This Organization provides services for individuals and families at-risk of or experiencing homelessness. This Organization participates in San Mateo County's Homeless Management Information System Clarity database ("Clarity HMIS").

Clarity HMIS is used to collect some basic information about clients receiving services from this Organization. Some examples of this information include personal information, such as name, birth date, gender, race, social security number, phone number, residence address, photo, or other similar identifying information, financial information, such as employment status, income verification, public assistance payments or allowances, and CalFresh allotments, as well as medical, mental health and substance abuse information. The information is used to get a more accurate count of individuals and families experiencing homelessness and to identify the need for different services.

This Organization only collects information that is considered appropriate and necessary. All information that is collected and used in accordance with strict standards of privacy and security.

This Organization may use or disclose information from Clarity HMIS under the following circumstances:

- To provide or coordinate services for an individual or a household;
- For functions related to payment or reimbursement for services;
- To carry out administrated functions including reporting, legal, audit, personnel, oversight or management functions;
- For creating deidentified data from personally identifiable information; or
- When required by law;
- To avert a serious threat to health and safety.
- To government authorities when related to victims of abuse, neglect or domestic violence under specified circumstances;
- For academic research;
- For law enforcement purposes, such as in response to a lawful court order or grand jury subpoena;

A copy of the San Mateo County Clarity HMIS Privacy Policy, which describes allowable uses and disclosures of information collected for Clarity HMIS, is available to all clients upon request.

Issued: 5/26/22