



### NEIGHBOR INFORMATION

**Date:** \_\_\_\_\_ **Request** (circle one): Rent Utilities Rent Deposit Utility Deposit

**Name:** \_\_\_\_\_  
(Last Name) (First) (Middle)

**Social Security # Last 4 digits:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **Gender:** M F \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_, Tennessee **Zip:** \_\_\_\_\_

**Phone 1:** \_\_\_\_\_ **Phone 2:** \_\_\_\_\_ **Veteran:** Yes No

**Email:** \_\_\_\_\_

**Education:** Last Grade Completed: \_\_\_\_\_ (circle one) GED High School diploma Some college Degree

**Marital Status** (circle one): Single Married Divorced Widowed Separated

**Housing** (circle one): Own Rent Lot Rent Maryville Housing Section 8 ETHRA **Health care:** Yes No

**Employed?** Yes No **Where:** \_\_\_\_\_

**Other Household Members Employed?** Yes No **Where:** \_\_\_\_\_

**How did you hear about GNBC?** \_\_\_\_\_ **What church are you attending?** \_\_\_\_\_

**Total number of people living in the household:** \_\_\_\_\_

**Number in each age group:** 0-18 \_\_\_\_\_ 19-29 \_\_\_\_\_ 30-54 \_\_\_\_\_ 55+ \_\_\_\_\_

### ADDITIONAL HOUSEHOLD MEMBERS

Others in Household	Relationship	Date of Birth	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please initial here to confirm information is correct.** \_\_\_\_\_



## NEIGHBOR DOCUMENTATION FOR ASSISTANCE

### **On the day of your appointment please bring with you:**

- Current utility bill
- Rental lease agreement
- Identification Card or Driver's License

You can email these documents to the Good Neighbors office: [contact@goodneighborsbc.org](mailto:contact@goodneighborsbc.org)

### **Please complete the following information needed for assistance.**

#### Utilities

Company: \_\_\_\_\_ Date due: \_\_\_\_\_

Account # \_\_\_\_\_ Cutoff date? \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

How much of the bill amount do you have? Is your request for a deposit? Yes No

\$ \_\_\_\_\_

#### Rent

Landlord/Property Manager Name \_\_\_\_\_

Complex Name and Address \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Month of rent due: \_\_\_\_\_ Rent due date: \_\_\_\_\_

Amount of Rent Due: \$ \_\_\_\_\_ Grace period? Yes No Date: \_\_\_\_\_

How much of the rent amount do you have? Late fee? Yes No

\$ \_\_\_\_\_ Amount of late fee: \$ \_\_\_\_\_

Is your request for a deposit? Yes No Move in date? \_\_\_\_\_



# Good Neighbors of Blount County

RELEASE OF INFORMATION (ROI)

## Head of Household Information:

Last Name _____	First Name _____
Address _____	City, State, ZIP _____
Phone 1 _____	Date of Birth _____
Phone 2 _____	(mm/dd/yyyy)

### ADDITIONAL HOUSEHOLD MEMBERS SHOULD BE RECORDED ON NEIGHBOR INFORMATION FORM AND ARE PROVIDING THE SAME RELEASE OF INFORMATION

Good Neighbors of Blount County is a non-profit organization dedicated to providing emergency services, including but not limited to assistance with utility bills, medications, rent payments, etc. This organization asks personal and private information in order to provide coaching and limited financial assistance. It is shared with utility companies, landlords, etc. directly related to the assistance requested.

I understand that all information gathered about myself and my household by Good Neighbors of Blount County may be shared with other agencies on my behalf should a referral be needed. This Release of Information will remain in effect for 3 years from the date signed unless I make a formal request to the organization that I no longer wish to receive assistance or referrals from Good Neighbors of Blount County.

Good Neighbors of Blount County follows up with every neighbor who received coaching and/or limited financial assistance.

- \*Is it OK to leave a message on my voice mail? Yes \_\_\_\_\_ No \_\_\_\_\_
- \*Is it OK to leave a message with someone who answers my phone? Yes \_\_\_\_\_ No \_\_\_\_\_
- \*Is it OK if someone calls to check in with me at a later date for a follow-up? Yes \_\_\_\_\_ No \_\_\_\_\_

I authorize **Good Neighbors of Blount County** to share my basic, identifying and non-confidential service transactions/information with other participating agencies, utility companies, landlords, etc.

\_\_\_\_\_  
 Client/Head of Household/Legal Guardian  
 \_\_\_\_\_  
 Date \_\_\_\_\_

\_\_\_\_\_  
 Agency Representative  
 \_\_\_\_\_  
 Date \_\_\_\_\_