



LEWIS HELP TODAY APPLICATION

AGENCY CRITERIA

- All applicants must be at least eighteen (18) years of age or older.
- Applicant must have verifiable current employment or income with a gross monthly income at least equal to the rental rate. If the applicant has been at the current job for six (6) months or less, verification of prior employment is required. For self-employed applicants, a copy of the previous year's tax return must be provided.
- Applicants must have a verifiable rental and employment reference of six (6) months or more for housing property applications.
- Credit reports must be in good, acceptable standing. If not, an explanation must be provided. Medical collection accounts are the only exception. Personal bankruptcies are allowable if the applicant meets all other qualifications and criteria and has re-established a good credit rating.
- All adults must complete an agency application.
- Our current services include housing assistance and therapeutic services. If applying for services beyond these, please do not complete this application. Seasonal programs, such as hygiene items, community aid events, toy drives, school supply drives, free healthcare screenings, and mental health assistance, may be available.

PLEASE ATTACH WITH THIS APPLICATION:

- ✓ Copy of ID or Driver License
- ✓ Verification of all income received (Last three months) - Keep originals and leave copies with this application

Mail completed application to:

Attn: Lewis Help Today Foundation
3955 Vantech Dr, Suite 7,
Memphis, TN 38115

A Lewis Help Today Foundation team member will contact you to provide a status of your application within 24 to 48 hours.

We cannot guarantee assistance or housing placement. In case of an emergency, dial 911. Refer to the additional addendum for local and state-funded programs. Let them know that the Lewis Help Today Foundation referred you.

I have read and agree to the above agency criteria requirements.



(Applicant Signature)

(Dated)

Homelessness Assistance

Memphis has been nationally recognized as a leader in efforts to meet the needs of individuals who are experiencing homelessness. Through Downtown churches and outreach agencies, meal programs are readily available seven days a week. Caring, competent providers are easily accessible to assess the needs of a homeless person and refer him or her to appropriate housing, medical care, or residential treatment and recovery services for substance abusers.

If you are seeking assistance for you/someone following is a list of downtown providers for emergency shelters and assistance programs:

The Hospitality Hub

A resource center that connects individuals with the resources they need to begin their journey out of homelessness. A good first stop to identify needs and find direction to fulfilling those needs.

Location: 82 N. Second Street, 901-522-1808

Room in the Inn

Provides emergency shelter and meals during the coldest months of the year—November through March

Location: 212 N Second Street, 901-443-6643

Calvary Rescue Mission

Shelter and outreach for adult men.

Location: 960 S Third Street, 901-775-2570

Memphis Union Mission

Emergency housing for adult men and intact families.

Location: 383 Poplar Avenue, 901-526-8403

Salvation Army Purdue Center for Hope

Emergency shelter for women with and without children.

Location: 696 Jackson Avenue, 901-542-8586

YWCA Abused Women's Services

Emergency housing for battered women with and without children.

901-725-4277

Alpha Omega Veteran's Services

Drop-in center providing food and shower facilities for veterans.

Location: 2226 Ball Road, 901-726-5066, 1183 Madison Avenue

Porter Leath Children's Center

An emergency shelter for youth, 901-577-2500, 868 N. Manassas



AGENCY SCREENING APPLICATION

APPLICANT INFORMATION

Applicant Name: _____

Date of Birth: _____

**Last 4 of Social Security
Number:** _____

Current Address: _____

City, State and Zip Code: _____

Phone Number: _____

Email Address: _____

How long at current address? _____

How did you hear about us? _____

**How you received any
assistance from us in the past?** _____

**If you choose, please enter your
social media contact here.** _____

**Would you like to become a
Volunteer with our Agency?** _____

**Are you seeking employment?
If so, in what area?** _____

FAMILY INFORMATION: Child/Children/Dependents

Name of Person

Relationship to Applicant/Age/Date of Birth



EMERGENCY CONTACT

Name: _____
Relationship: _____
Phone Number: _____

Name: _____
Relationship: _____
Phone Number: _____

APPLICANT CERTIFICATION

I, _____, certify that the information provided in this Agency Application is true and correct to the best of my knowledge as of the date set forth below. I permit this agency to verify all information but are not limited to.

(Applicant Signature)

(Dated)