

HOUSING Assistance Application

PLEASE READ ALL INSTRUCTIONS AND FILL OUT THE FORMS ENTIRELY.

ASSISTANCE DEPENDS ON VOLUME OF REQUEST AND FREQUENCY OF APPLICANT'S PRIOR ASSISTANCE.

Please be prepared with documents <u>if</u> appointment is scheduled! Documents may include the following:

- Valid picture ID for head of household (Copy if legible)
- Social Security cares for ALL household members. (Copies if legible)
- INCOME SOURCES for the entire household (children's benefits included) as applicable:
 - 1. Previous month check stubs (by pay date)
 - 2. Current Social Security award letter
 - 3. SSI award letter
 - 4. Food Stamp award letter
 - 5. Child support
 - 6. TANF
 - 7. Unemployment benefits
 - 8. Retirement or pension
 - 9. VA benefits
 - 10.Other sources, including any family support
- Utility bill with current address
- Current rental lease agreement and Public Housing Re-certification if applicable
- Past-due or eviction notices
- Mortgage assistance foreclosure notices, payment vouchers/coupons, any other mortgage documents you may have

Persons 18+ without income, must <u>show proof</u> of actively seeking employment; Alabama Career Center, local staffing agency <u>or</u> proof of seeking disability benefits.

PREFERENCE WILL BE GIVEN TO APPLICANTS THAT HAVE NOT RECEIVED FINANCIAL ASSISTANCE FROM COMMUNITY ACTION HOUSING PROGRAMS IN THE PAST.

Return applications to your county office by drop off, or regular mail. Office location are:

745 Thompson Street
Florence, AL 35630
256-766-4330

505 N Columbia Avenue Sheffield, AL 35660 256-383-3832 13150 Hwy 43, Suite 4 Russellville, AL 35653 256-332-7534

Incomplete applications or Non-legible copies will be destroyed



Agency Use Only	/	
Date Received:		
Staff:		

Date:

Please provide the following information on all persons living in the household

NAME ALL HOUSEHOLD MEMBERS	RELATIONSHIP	DOB	SOCIAL SECURITY NUMBER	INSURANCE		
	HEAD OF HOUSEHOLD			Υ	Ν	
				Y	Ν	
				Y	Ν	
				Y	N	
				Y	N	
				Y	N	
				Y Y	N	
				Y	IN	
Address:		Phone #:				
			Cell #:			
Are you or anyone in your household a veter	an or currently acti	ve in the milita	ry? >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Yes	No	
If yes, please list the person(s) from your hou	sehold:					
If homeless, please state where you currently How long have you been homeless?	/ stay:					
Please state type of assistance requested:						
If applicable, please provide the following: Phone #: Landlord's/Mortgage company name: Phone #: Monthly Rent/Mortgage payment: Due Date: Total Amount Due:						
Have you received an eviction or foreclosure	notice? Yes / No	If yes, please	e provide the notice.			
Have you asked for financial assistance from contacted them for help and what the outcome of the second sec	-	-	If so, please tel	l us w	ho, when y	ou
	me was of that req	uest.				
We only provide financial assistance in eme this assistance is needed and how you will ta				ease e	explain why	

COMPLETION OF THIS FORM IS REQUIRED

MONTHLY INCOME & EXPENSES

Sources of Monthly Income	Monthly Expenses
Salary/Wages	Rent/Mortgage
Social Security	Electricity
SSI	Gas (Natural/Propane)
Retirement	Water
Alimony	Telephone
Odd Jobs	Cell Phone
TANF	Food (not incl. FS)
Unemployment	Auto Loan
Veterans Benefits	Cable/Satellite
Child Support	Internet
Other	Bank Loans
	Credit Cards
	Title/Check Loans
TOTAL INCOME:	Auto Insurance
	Home/Renters Ins.
Do you receive the following benefits?	Life Insurance
Food Stamps: Y N	Medical Insurance
Day of month received:	Other Insurance
	Medical Expenses
Please list all persons employed in household:	Prescriptions
Employee Name:	Childcare
Employer:	Tobacco Products
Length of time on job:	Alcoholic Products
	Gas for Automobile
Employee Name:	Furniture/Appliances
Employer:	Rent to Own
Length of time on job:	Bankruptcy/IRS
	Other
Employee Name:	
Employer:	
Length of time on job:	TOTAL EXPENSES

Notes:

COMPLETION OF THIS FORM IS REQUIRED

If you or household members are not working, whether receiving unemployment benefits or not, please state how long since you last worked <u>and</u> the name of the last employer:

Name:	Employer:	Last day worked:
Name:	Employer:	Last day worked:
Name:	Employer:	Last day worked:

If you, or a family member, are waiting a decision on disability claim, please state when claim was filed and the current status:

Name:	Date Filed:	Status:		
Name:	Date Filed:	Status:		
Name:	Date Filed:	Status:		
	ay child support on a child not in your ho		YES	NO
Amount Paid:	weekly monthly	Custodial Parent's Name:		
Name of child/children f	or whom child support is paid:			

Statement of Affirmation Concerning Fraud

I certify that the information I have provided is true and correct to the best of my knowledge. I hereby give consent for this agency to verify the information given and for related outside sources to provide any information necessary in the completion of this application. I understand that I am subject to all applicable Federal or State law concerning fraud if I knowingly provide false or incomplete information in order to obtain assistance.

I hereby certify that I am aware that this application does not guarantee assistance. By signing below, I authorize Community Action Northwest to contact my landlord, mortgage or utility company to verify facts of what I owe for which assistance is requested. I also authorize any person, agency, organization or company to release information to Community Action Northwest Alabama regarding my circumstances. I understand I am responsible for my bills regardless of receiving assistance. I acknowledge that Community Action Northwest utilizes an HMIS software and authorize Community Action Northwest Alabama to add information regarding this assistance (if any) into the shared network database, sharing my non-confidential information with participating agencies if applicable. I acknowledge that if assistance is provided, this application will be kept on file for a minimum of three (3) years.

Signature of Client

Date Signed