



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 if 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 show proof of actively seeking employment;
Alabama Career Center, local staffing agency or 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

MONTHLY INCOME & EXPENSES

Sources of Monthly Income

Salary/Wages _____
Social Security _____
SSI _____
Retirement _____
Alimony _____
Odd Jobs _____
TANF _____
Unemployment _____
Veterans Benefits _____
Child Support _____
Other _____

TOTAL INCOME: _____

Do you receive the following benefits?
Food Stamps: **Y** **N** _____
Day of month received: _____

Please list all persons employed in household:

Employee Name: _____
Employer: _____
Length of time on job: _____

Employee Name: _____
Employer: _____
Length of time on job: _____

Employee Name: _____
Employer: _____
Length of time on job: _____

Monthly Expenses

Rent/Mortgage _____
Electricity _____
Gas (Natural/Propane) _____
Water _____
Telephone _____
Cell Phone _____
Food (not incl. FS) _____
Auto Loan _____
Cable/Satellite _____
Internet _____
Bank Loans _____
Credit Cards _____
Title/Check Loans _____
Auto Insurance _____
Home/Renters Ins. _____
Life Insurance _____
Medical Insurance _____
Other Insurance _____
Medical Expenses _____
Prescriptions _____
Childcare _____
Tobacco Products _____
Alcoholic Products _____
Gas for Automobile _____
Furniture/Appliances _____
Rent to Own _____
Bankruptcy/IRS _____
Other _____

TOTAL EXPENSES _____

Notes:

*****COMPLETION OF THIS FORM IS REQUIRED*****

