

Community Action Agency of Northwest Alabama

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, regular mail, or send through link provided below.
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**

Send applications to: <https://caanw.gethelp.website/appman/housingassist/rental/>

Incomplete applications or Non-legible copies will be destroyed

**COMMUNITY ACTION AGENCY OF
NORTHWEST ALABAMA**

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	SOC. SEC. NUMBER	INSURANCE
	HEAD OF HOUSEHOLD			Y N
				Y N
				Y N
				Y N
				Y N
				Y N
				Y N
				Y N

Address: _____

Phone #: _____
Cell #: _____

If homeless, please state where you currently stay: _____
How long have you been homeless? _____

Please state type of assistance requested: _____

If applicable, please provide the following:

Landlord's/Mortgage company name: _____ Phone number: _____

Monthly Rent/Mortgage payment: _____ Due date: _____ Total amount due: _____

Have you received an eviction or foreclosure notice? Yes / No If yes, please provide the notice.

Have you asked for financial assistance from other agencies for this request? _____ If so, please tell us who, when you contacted them for help and what the outcome was of that request. _____

We only provide financial assistance in emergency situations only. If we provide assistance for this request, please explain why this assistance is needed and how you will take care of this financial obligation next month.

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

MONTHLY INCOME & EXPENSES:

Sources of Monthly Income

Salary/Wages _____
Soc. Sec. _____
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(Nat./Propane) _____
Water _____
Telephone _____
Cell Phone _____
Food (not inc. 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*****

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

Name: _____ Employer: _____ Last date worked: _____

Name: _____ Employer: _____ Last date worked: _____

Name: _____ Employer: _____ Last date worked: _____

If you, or a family member, are awaiting 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: _____

Do you or your spouse pay child support on a child not in your home **YES NO**
Amount Paid: _____ **weekly monthly** Custodial Parent's name: _____
Name of child/children for whom child support is paid: _____

Statement of Affirmation

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 I am responsible for all related costs of the program not paid by the State. I understand that I am subject to all applicable Federal or State laws concerning fraud or 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 or mortgage company to verify the facts of what I owe on the bill for which assistance is requested. I also authorize any person, agency, organization or company to release information to Community Action Northwest regarding my circumstances. I acknowledge that Community Action Northwest is a SEANTracker (Shoals Emergency Assistance Network Tracker database) organization. I authorize Community Action Northwest to place information regarding this assistance into the shared network database and to share my non-confidential information with other SEANTracker participating agencies if necessary. 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

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