

HOUSING: Own () Rent () Other- Permanent Housing () Homeless () Other ()

SOURCE OF INCOME: Employment Only () Unemployment Only ()
 Income from employment and other income () SSI () SSDI () GA ()

OTHER INCOME SOURCE: SNAP-Food () SNAP-Cash () WIC () LIHEAP () HUD-VASH ()
 Housing Choice Voucher () Public Housing () Permanent Supportive Housing ()
 Childcare Voucher () Affordable Care Act Subsidy () Other () Unknown/Not Reported ()

List ALL family members (including yourself) *Provide Social Security Cards for each person

Last Name	First name	Date Of Birth	SS#	Relation to you	Source of income
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Other Household Members: Please complete below for all members of household

Name	Gender Male/Female	Race	Education or Grade Completed	Veteran Yes or No	Disabled Yes or No
2.					
3.					
4.					
5.					
6.					
7.					
8.					

MY FAMILY IS IN NEED OF THE FOLLOWING SERVICES

Please check each box for the services you are applying for:

- ____ Computer Literacy/Customer Service Class
- ____ Chauffeur Driver's License Classes (CDL)
- ____ Emergency Shelter (Homeless)
- ____ Emergency Rent () Mortgage () How Many Months Behind ____ Amount \$ _____
Security Deposit ()
- ____ Fresh Fruit and Vegetable Program
- ____ Emergency Food ____ Cleaning Supplies
- ____ Emergency Clothing
- ____ Emergency Furniture
- ____ Knife Skills Training
- ____ ServSafe Manager Certification Class

1. Have you been laid off due to COVID-19 Yes () No ()
2. Have you applied for Unemployment Yes () No ()
 - a. Have you been approved Yes () No ()
3. How have you been impacted by the COVID-19 Pandemic

APPLICANTS MUST PROVIDE:

1. Social Security cards for all members in the household
2. Proof of income for all the members in the household
3. Proof of Food Stamps

NOTE: If you are applying for Rental or Mortgage Assistance please provide proof of arrears amount.

Client Signature: _____

Date: _____

IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT?

NAME: _____

ADDRESS: _____

Number

Street name

City

State

Zip Code

Telephone Number: () _____

Relationship _____

Staff Signature _____

Date Received _____