

ASSISTANCE INFORMATION

10. A. Please check the type of rental assistance you need and list the amount that you need.

Overdue Back Rent	<input type="checkbox"/>	Bedroom Size _____	Amount \$ _____
Security Deposit	<input type="checkbox"/>	Bedroom Size _____	Amount \$ _____
First Month's Rent	<input type="checkbox"/>		Amount \$ _____
			Total \$ _____

B. Please enter the name, address and phone number of company/agencies that need payment

Company Name	Company Address
	Company Telephone #

11. Explain briefly why you are requesting this assistance and why you are not able to pay:

12. Is there a non-related person who shares or will share responsibility for the rent or security deposit? Yes No

If yes, list the person or persons.

INCOME INFORMATION

13. Do you or any of the members of your family listed in No. 5 receive income from the following sources?

If yes, give total monthly amount for the entire family.

Kind of Income	Yes	No	Monthly Amount
TANF/GC			\$
IDA			\$
SSI			\$
Social Security			\$
Veterans Benefits			\$
Unemployment Insurance			\$
Workmen's Compensation			\$
Adoption Subsidy			\$
Disability Benefits			\$
Railroad Retirement			\$

Kind of Income	Yes	No	Monthly Amount
Government Pension			\$
Private Pension			\$
Strike Benefits			\$
Child Support/Alimony			\$
Military Allotment			\$
Loans, Cash Gifts			\$
Contributions from Others			\$
Insurance Benefits			\$
Other, including lottery winnings			\$
TOTAL			\$

INCOME INFORMATION

14. Does your household receive Food Stamps? _____ If yes, give monthly Amount \$ _____
15. Have you received any one-time assistance payments during the last 90 days? Yes No If yes, list the amount of any money remaining. \$ _____
16. Do any unrelated persons live with you? Yes No If yes, list them and record the amount they pay for rent or meals.

Name	Amount Paid Per Month for Room Rent	Amount Paid Per Month for Meals
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Note: attach separate sheet of paper for additional names.

17. Has your income changed in last 30 days? Yes No If yes, how? _____

18. Have you described all of your household's monthly income in the questions above? _____
If no, from what other sources do you receive income? _____

19. What monthly amount do you receive from these sources? \$ _____

RESOURCES INFORMATION

20. Do you or any of the members of your household listed in number 5 have any other resources? _____
If yes, describe below. Give total amount for the entire household.

Kind of Resource	Amount	Location/Description	Account or Policy #
Savings Account (s)/Escrow Account	\$ _____		
Credit Union/Checking Account	\$ _____		
IRA/Pension Distributions	\$ _____		
Stocks/Bonds/Certificates of Deposit	\$ _____		
Insurance Policies (Cash-in Value)	\$ _____		
Property Other Than Owner-Occupied Home	\$ _____		
Boat, Camper, Recreational Vehicle	\$ _____		
Other	\$ _____		
TOTAL	\$ _____		

21. Have you converted a resource to cash in the last 30 days? Yes No If yes, please explain

22. Have you sold, transferred or traded any resource in the past 12 months? Yes No If yes, please list the resource, its value, and explain.

EXPENSES INFORMATION

1. What will your family's expenses be in the next 30 days. (Do not list expenses that someone pays for you.)

Kind of Expense	Amount	Kind of Expense	Amount	Kind of Expense	Amount	Kind of Expense	Amount
Rent/Mortgage	\$	Household Items	\$	School Tuition	\$	Car Note	\$
Gas Company	\$	Child Care	\$	School Supplies	\$	Car Repairs	\$
Heating Oil	\$	Clothing*	\$	Doctor/Dentist	\$	Alimony	\$
Electricity	\$	Credit Accounts (Min Payments)	\$	Medicine	\$	Voluntary Child Support	\$
Water	\$	Furniture*	\$	Insurance	\$	Court-Ordered Child Support	\$
Telephone	\$	Laundry and Dry Cleaning	\$	Loans (required repayment)	\$	Other	\$
Food (Cash Expenditures)	\$	Public Transportation	\$	Gasoline & Oil (For Car)	\$	TOTAL	\$

* Do not duplicate if purchases are already reflected under Credit Accounts.

ADDITIONAL INFORMATION

24. Have you tried to borrow the money you need from a credit union, loan company, line of credit with credit card company, bank, or other source? _____
If no, why not? _____
25. Have you asked for rental assistance help from any community organizations, such as private charities or churches?
Yes No If yes, what were you told? _____
26. Describe briefly the outcome of your efforts to borrow the money: _____
27. Can your friends or relatives help _____ Yes No If yes, how? _____
28. Do you expect any changes in your household during the next 30 days? Yes No If yes, please explain. _____

SIGNATURES

Under penalty of perjury I declare that all statements on this application are true. I agree to cooperate with the Department of Human Services (DHS) by using my own resources to meet as much as possible of my need. I agree to present all verifying documents requested or to authorize the Department to obtain them. I hereby authorize DHS to interview all other adult members of my household with regard to this application. I further authorize DHS to contact any third party as necessary with regard to this application.

Signature of applicant: _____ Date: _____

Signature of Spouse/co-applicant _____ Date: _____

Witness: _____ Witness: _____

If the applicant was assisted in completing this application, the assisting person must sign below:

Name: _____ Address: _____ Tel: _____

Worker's Signature as to date of Completed Application

Signature of Worker: _____ Date: _____