CLIENT APPLICATION – CDBG-CV

APPLICANT INFORMATION

First Name	*MI*	*Last Name*	*SS #*

Street Address	*City*	*State*	*Zip Code*

Phone Number	*Email Address*	*Date of Birth*

HOUSEHOLD INFORMATION

Household Size	Family Type	Building Type
_____	☐ Single Parent/Female ☐ Single Parent/Male ☐ Two-Parent Household ☐ Single Person ☐ Two Adults/No Children ☐ Non-related Adults with children ☐ Multigenerational Household ☐ Other	☐ Mobile Home ☐ Single Family ☐ Multi-family low rise (0-3 stories) ☐ Multi-family high rise (0-3 stories) ☐ Other: _____

Housing Status

☐ Rent
☐ Homeless
☐ Other: _____

PRIMARY APPLICANT DEMOGRAPHIC INFORMATION

Disabled?	Race	Work Status
☐ Yes ☐ No	☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Mixed - CHOOSE ONE: ☐ American Indian/Alaskan Native & Black/African-American ☐ American Indian/Alaskan Native & White ☐ Asian & White ☐ Black/African American & White ☐ Other multi-racial	☐ Employed full-time ☐ Employed part-time ☐ Migrant Seasonal Farm Worker ☐ Unemployed (short-term, 6 months or less) ☐ Unemployed (long-term, more than 6 months) ☐ Unemployed (not in labor force) ☐ Retired ☐ Unknown/not reported ☐ Youth ages 14-24 who are neither working nor in school

Military Status

☐ Veteran ☐ Active Military ☐ N/A

Is Client a US Citizen?

☐ Yes ☐ No

Gender

☐ Male ☐ Female ☐ Other

Ethnicity

☐ Hispanic ☐ Non-Hispanic

LIST HOUSEHOLD MEMBERS & INCOME					
	#1	#2	#3	#4	#5
SS#					
Last Name					
First Name					
Relation	SELF				
Date of Birth					
Disabled					
Veteran					
Citizen					
Gender					
Ethnicity					
Work Status					
Income Source					
Income Amount					
Income Period					
	#6	#7	#8	#9	#10
SS#					
Last Name					
First Name					
Relation					
Date of Birth					
Disabled					
Veteran					
Citizen					
Gender					
Ethnicity					
Work Status					
Income Source					
Income Amount					
Income Period					
TOTAL GROSS HOUSEHOLD INCOME:		$_____		☐ Weekly ☐ Monthly ☐ Yearly	

CERTIFICATION OF NO INCOME

(Required for any household member 18 or older with $0 income)

APPLICANT INFORMATION

_____

First Name ***MI*** ***Last Name***

☐ I hereby certify that I do not individually receive income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Income from operation of a business;
- Rental income from real or personal property;
- Interest or dividends from assets;
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- Unemployment or disability payments;
- Public assistance payments;
- Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- Sales from self-employed resources (Avon, Mary Kay, Pampered Chef, etc.);
- Any other source not named above.

☐ I currently have no income of any kind and there is no imminent change expected in my financial status or employment.

☐ I will be using the following sources of funds to pay for rent and other necessities:

_____

I certify that this statement is true and correct to the best of my knowledge, and authorize the release of any of all information necessary for verification purposes.

Client Signature _____ Date_____

LAS Staff Signature _____ Date _____

REQUEST FOR ASSISTANCE

APPLICANT INFORMATION

_____

First Name ***MI*** ***Last Name***

TYPE OF ASSISTANCE REQUESTED **NOTE: All requests for assistance must be accompanied by proper documentation**		
☐ **Rental Assistance**	Monthly rent before fees: _____ Date delinquency started: _____ Total amount owed: _____ Eviction Status: ☐ Have not received an eviction notice ☐ 3-day notice ☐ Have a court date: _____	**Landlord** Name: _____ Email: _____ Phone: _____ Address: _____ _____ _____

CLIENT RELEASE OF INFORMATION AUTHORIZATION

I, _____, understand that the Community Action Agency needs to receive information concerning myself and/or my family and is asking for my cooperation in this process. I give my consent to the agency/program listed above to release the following information for the purpose indicated below.

Data Requested From:

Landlord/Property Manager Name (Please print): _____

Phone: _____

Email: _____

I also give my consent for the Community Action Agency to share my information with partnering agencies that may assist in the processing of my application.

I understand this Release of Information Authorization shall remain in effect for one year, unless I cancel my consent prior to this agreement.

Client Signature: _____ Date _____

LAS Staff Signature: _____ Date _____