

Today's Date

# Community Action Partnership HELPING HANDS APPLICATION

**Description of Housing Improvement Requested:**

- I'd like more Information about:**
- Food Pantry     Weatherization     Rent/Security Deposit     Home Rehab     Helping Hands
  - Electric Bill     Water Bill     Furnace/Water Heater     Heating Bill     Medications
  - Senior Commodities     Shelter     VITA     Payee     Head Start     IDA Savings Accounts

## PERSONAL INFORMATION / HEAD OF HOUSEHOLD

Social Security #	First Name	MI	Last Name	Birth Date	Age	
Gender	Disabled	Race		Ethnicity		
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black	<input type="checkbox"/> Multi <input type="checkbox"/> Native American <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino		
Education		Food Stamps	Health Coverage		Veteran	
<input type="checkbox"/> 0-8 <sup>th</sup> Grade <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> Grad (non-grad) <input type="checkbox"/> High School Grad/GED	<input type="checkbox"/> 12+ Grade <input type="checkbox"/> Associate Deg. <input type="checkbox"/> College Degree <input type="checkbox"/> Masters Deg.	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare Supplement <input type="checkbox"/> Other _____ <input type="checkbox"/> None		<input type="checkbox"/> Yes <input type="checkbox"/> No	
INCOME INFORMATION						
Name	Employer/Source		Pay/Hr	Hr/Week	Pay/Month	Annual
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	

Include: Employment, Unemployment, Social Security, TANF, SSI/SSDI, Pension, General Assistance, Child Support, Alimony, Other

## HOUSING INFORMATION

Address	Apt/Lot#	City	Zip
County	Length of Stay at this address:		
	Phone: Home:	Work:	Cell:
Household Type		Marital Status	
<input type="checkbox"/> Female Single Parent <input type="checkbox"/> Single Female Living With Partner <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Single Male Living With Partner <input type="checkbox"/> Two Parent		<input type="checkbox"/> Couple <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Married	
Housing Status	Housing Type	Rent/House Payment	
<input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Homeless with roof <input type="checkbox"/> Homeless without roof	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home	\$ _____  Rental Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	

OVER

### ADDITIONAL HOUSEHOLD MEMBERS

Name (Please Print)			Social Security #		Birth Date	Age	
1.							
Relation	Gender	Disabled	Ethnicity Race	Education	Food Stamps	Health Coverage	Vet
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Name (Please Print)			Social Security #		Birth Date	Age	
2.							
Relation	Gender	Disabled	Ethnicity Race	Education	Food Stamps	Health Coverage	Vet
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Name (Please Print)			Social Security #		Birth Date	Age	
3.							
Relation	Gender	Disabled	Ethnicity Race	Education	Food Stamps	Health Coverage	Vet
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Name (Please Print)			Social Security #		Birth Date	Age	
4.							
Relation	Gender	Disabled	Ethnicity Race	Education	Food Stamps	Health Coverage	Vet
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Name (Please Print)			Social Security #		Birth Date	Age	
5.							
Relation	Gender	Disabled	Ethnicity Race	Education	Food Stamps	Health Coverage	Vet
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

**If additional space is needed, please attach to a separate piece of paper.**

### APPLICANT CERTIFICATION

The information provided by me to establish my eligibility is true and accurate to the best of my knowledge. I consent to the independent verification of the information by the authorized agent of the agency or its government funding source

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date