# 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 cards for ALL household members. (Copies if legible)**
- **INCOME SOURCES for 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 or regular mail. Office locations are:**

**745 Thompson St.**
**Florence, AL 35630**
**256-766-4330**

**505 N. Columbia Ave.**
**Sheffield, AL 35660**
**256-383-3832**

**13150 Hwy 43, Suite 4**
**Russellville, AL 35653**
**256-332-7534**

***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 | MEDICAID |
|---|---|---|---|---|
| | 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 Concerning Fraud**

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 that I am subject to all applicable Federal or State laws concerning fraud 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, mortgage or utility company to verify facts of what I owe for which assistance is requested. I also authorize any person, agency, organization or company to release information to Community Action Northwest Alabama regarding my circumstances. I understand I am responsible for my bills regardless of receiving assistance. I acknowledge that Community Action Northwest utilizes an HMIS software and authorize Community Action Northwest Alabama to add information regarding this assistance (if any) into the shared network database, sharing my non-confidential information with participating agencies if applicable. 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**

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