



# Application for Individual /Family Assistance

## Contact Information

Full Name	Email
Address	Zip Code
Phone Number	Property Name
Employer Name	Employer Phone Number
Employer Address	

---

## Housing Costs

1. Do you rent or own your current home?
2. If renting, what size is your current unit?
3. How much is your monthly / mortgage rent payment?
4. Do you pay utilities to your landlord?
5. Are you behind on your utilities and / or rent?
6. What is your past due rent / mortgage balance?
7. Do you receive any other type of rental assistance or rent relief benefit (such as from a non-profit or faith based organization)?
8. Have you received any rental assistance through the State of Arizona or Federal Government?

## Statement of Need

IF APPLYING FOR RENT/LEASE/MORTGAGE OR UTILITY ASSISTANCE, COMPLETE THE FOLLOWING

NAME OF LANDLORD OR MORTGAGE HOLDER: \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

PHONE NUMBER FOR LANDLORD, BANK OR ENTITY TO WHOM PAYMENT IS MADE: \_\_\_\_\_

LEASE/RENT/MORTGAGE MONTHLY AMOUNT: \$ \_\_\_\_\_

ADDRESS TO WHICH YOU SEND RENT/LEASE/MORTGAGE PAYMENT:

\_\_\_\_\_  
STREET NUMBER    STREET NAME:                      CITY/TOWN:                      STATE:                      ZIP CODE:

ARE YOU IN ARREARS/BEHIND IN PAYING YOUR BUSINESS RENT/LEASE/MORTGAGE?

YES  NO

If Yes, for which months are you in arrears? \_\_\_\_\_

Amount by which you are in arrears: \$ \_\_\_\_\_

The total amount of Rent / Mortgage funds I am asking for is \$ \_\_\_\_\_ (Maximum \$3,000).

WHEN DOES YOUR BUSINESS LEASE OR RENT AGREEMENT EXPIRE OR WHEN WILL MORTGAGE BE PAID OFF:

MONTH \_\_\_\_\_

DAY YEAR \_\_\_\_\_

**SKIP THIS QUESTION IF YOU ARE NOT APPLYING FOR ASSISTANCE WITH PRIVATE UTILITY PAYMENT.**

IF APPLYING FOR UTILITY BILL ASSISTANCE, FOR WHICH TYPE OF UTILITY ARE YOU SEEKING ASSISTANCE? YOU MAY CHECK ALL THAT APPLY BUT THIS DOES MEAN YOU WILL RECEIVE ASSISTANCE FOR MORE THAN ONE. FUNDING AVAILABILITY AND OTHER FACTORS APPLY.

GAS

ELECTRIC

**ANSWER THIS ONLY IF YOU ARE APPLYING FOR ASSISTANCE WITH UTILITY PAYMENTS**

ARE YOU BEHIND ON YOUR PAYMENTS FOR YOUR UTILITY(IES)? (CIRCLE ONE) YES  NO

The total amount of Utility Assistance funds I am asking for is \$ \_\_\_\_\_ (Maximum \$3,000).

IF APPLYING FOR RENT/LEASE/MORTGAGE OR UTILITY ASSISTANCE, COMPLETE THE FOLLOWING

NAME OF UTILITY COMPANY: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

PHONE NUMBER FOR UTILITY COMPANY: \_\_\_\_\_

UTILITY MONTHLY AMOUNT: \$ \_\_\_\_\_

ADDRESS TO WHICH YOU SEND UTILITY PAYMENT:

STREET NUMBER: STREET NAME:

CITY/TOWN:

STATE:

ZIP

## Household Composition

- Please provide information for everyone living in this household starting with the leaseholder and spouse/partner, if any.
- Continue to list the names and ages of every person who lives in your house from oldest to youngest.
- For Employment Status, please use the list above.

## Employment Status

- |                                       |                             |
|---------------------------------------|-----------------------------|
| 1. Working Full-time                  | 7. Temporarily laid off     |
| 2. Working Part-time                  | 8. Retired                  |
| 3. Self- Employment                   | 9. Permanently disabled     |
| 4. Unemployment, looking for work     | 10. Temporary disability    |
| 5. Unemployment, not looking for work | 11. In school               |
| 6. In-job training                    | 12. Something else, specify |

Name	Gender	Age	Position or Employment Type, if applicable	Relationship to Leaseholder	Disabled Yes/No	Employment Status

## 2020-21 CDBG Income Limits – Please circle the household income closest to yours

Number of persons in household	With gross annual income not to exceed:	Number of persons in household	With gross annual income no to exceed:
1	\$36,200	5	\$55,850
2	\$41,400	6	\$60,000
3	\$46,550	7	\$64,150
4	\$51,700	8	\$68,250

## Current Household Income

In the table below, please list each member of your household and their gross income (before taxes and deductions) since you were laid off or your hours reduced. Start with Head of Household.

- Employment and Wages - Includes full-time employment, part-time employment and overtime.
  - You must include pay frequency (Yearly, Monthly, Weekly, Biweekly). For Example:
- Social Security and Pensions - includes retirement benefits, disability insurance benefits, social security benefits and social security disability
- Public Assistance - Includes unemployment benefits, public assistance income, student financial aid, temporary assistance for needy families, rent relief, supplemental security income
- Other Income - Includes self-employment, contract child support, rent income.
  - You must include pay frequency (Yearly, Monthly, Weekly, Biweekly). See example below on first row.

Name Nombre	Employment and Wages Ingreso de Salario	Social Security and Pensions Seguro Social y Pensiones	Public Assistance Asistencia Pública	Other Income \$1,000.00 monthly \$1,000.00 mensual	Total Income Ingreso Total
Rose Smith	\$3,350.00 monthly \$3,350-00 mensual	\$ 0.00	\$ 0.00		\$4, 350.00
<b>Total Household Income, including/confirming pay frequency</b>				<b>\$ 0.00</b>	

### Race/National Origin for Head of Household

- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
  
- American Indian/Alaskan Native (not Hispanic or Latino)
  
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- Prefer not to answer
- Hispanic or Latino

**-END OF QUESTIONS-**

## Required Documentation:

- A. Proof of Self and Residency: State ID, Passport, Social Security Card, Utility Bill, etc.
- B. Proof of Income: Income tax return, letter from employer, pay stubs, social security or disability income statement, retirement benefits letter or statement, child support statement.
- C. Proof of Loss of Income: Please provide any of the following applicable documents: layoff, furlough, or involuntary termination notices, letters from the employer, or other verification of loss of income provided by the employer. For gig workers, printouts of all payments made the by the gig employer(s) to the worker during the months where income was lost. If none of these are available, we will contact the gig employer for
- D. Last three months Bank Statements
- E. Asset Certification Form (Attachment A):
- F. Landlord/Mortgage Authorization (Attachment B): Please include the name and address to mail the check(s) to
- G. Signed AFFIDAVIT regarding receipt of other funds. This will be provided to you by the Chamber IF and WHEN your application for assistance is approved.

### Certifications

I certify that the information provided in this application as well as information contained within any and all documents required to be submitted as part of this application are true and accurate under penalty of perjury. Under Section 1001 of title 18 of the United States Code, it is a federal crime to knowingly and willfully make a materially false, fictitious, or fraudulent statement in any matter within the jurisdiction of the executive, legislative, or judicial branch of the United States. Copies of required documents are included with this application.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_