

Last Name: _____ First Name: _____ Phone Number: _____

Street Address: _____ Mailing Address: _____
(If Different than Street Address)

City: _____ State: _____ Zip: _____ County: _____ Email: _____

Housing Information: Rent Own Homeless Public Housing Temporary living with family/friends Housing Choice Voucher HUD-VASH Other _____

Monthly Rent/Mortgage Cost: \$ _____

Statement of Need (Must be Related to Covid-19) : _____

Need Applying For: Employment Food(Nutrition)/Household Items Utility Housing

Did your household receive the CARES Act Stimulus Benefit? Y N

Has anyone in your household received unemployment in the past 30 days? Y N

Information of each Household Member

Begin list with Head of Household, then spouse, then oldest child, etc. Use Additional Paper if more space is needed.

Name	DOB	(Inability or Refusal to provide SSN <u>may</u> result in denial, unless child under 1 yr old) Full S.S.#	Ethnicity/Race	Sex M/F	Disabled	Veteran	Active Military	Food Stamps	TANF Cash Assistance	Employed	Marital Status	Type of Health Insurance	Education Level	Relationship To the Applicant	Income Source(s)	Monthly Income	
1.	/ /	- -		M F	Y N	Y N	Y N	Y N	Y N	Y N							
2.	/ /	- -		M F	Y N	Y N	Y N	Y N	Y N	Y N							
3.	/ /	- -		M F	Y N	Y N	Y N	Y N	Y N	Y N							
4.	/ /	- -		M F	Y N	Y N	Y N	Y N	Y N	Y N							
5.	/ /	- -		M F	Y N	Y N	Y N	Y N	Y N	Y N							
# in HH _____															TOTAL MONTHLY INCOME		\$
															TOTAL YEARLY INCOME		\$

Office Use Only: **Income Verification:** No Income Statement Check Stub Accent Award Letter

I certify that all of the information provided by me is true and correct. I authorize the verification of any and all information provided for the purpose of certification and for assistance, and **DO** _____ or **DO NOT** _____ agree that the information contained in my application may be shared with or compared with the outcomes of other agencies from which I seek additional services which may include local churches, social service organizations, utility board, centralized database, etc. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information required for eligibility determination is liable to prosecution under applicable criminal laws. I certify that I have been informed of the appeal process under provisions of this agency and that I shall be notified (written or verbal) of my eligibility status within the time period acknowledged to me by UCHRA personnel. I attest under penalty of perjury that the applicant is either a United States citizen or qualified alien as defined by 8 U.S.C. 1641(b). Is any member of your household or immediate family employed by Upper Cumberland Human Resources Agency **YES** _____ or **NO** _____.

Applicant Signature: _____ **Date:** _____ **Staff Signature:** _____ **Date:** _____

If Representative for Applicant, give relationship and reason for signing: _____