Dear Applicant,

Please complete each of these items page 1:

Name

Phone number or numbers

Address (also physical address if your mailing address is different)

Employer and contact telephone number and person to verify employment

Dates of employment

Salary

Additional household income

Monthly bills (estimated total)

Repairs needed (can write on a separate sheet of paper if needed)

Signature and Date

Email address (if you have one)

Please complete each of these items page 2:

Name

Birthdate

Number of adults/children in your home

Any active duty military or veterans in the household

Please complete on a separate paper or on the back of one of the sheets:

A brief explanation of your family situation and why you need help

2 personal references and their telephone numbers

A copy of each of these items:

Drivers License

Paycheck stub (or the 1st sheet of an income tax return showing total income)

Thank you,

Carolyn Dalton , Office Manager

Application for Assistance

Applicant(s) Name(s) Please Print _____ Phone# _____

Address _____ City _____ State _____ Zip _____

Employer _____ Dates of Employment (less than 3 yrs complete below) _____ Contact Name and Phone _____

Previous Employer _____ Dates of Employment _____ Contact Name and Phone _____

Current Salary _____ Additional Household Income (alimony, child supp. Or separate maintenance not required) _____ Monthly Bills (Estimated Total) _____

Repair(s) Required (attach separate sheet if needed) _____

To qualify for assistance I, to the best of my knowledge, meet the following criteria (check all that apply):

- ❑ I am currently employed.
- ❑ I do not, at this time, have financial or physical means to perform the requested repairs
- ❑ Requested repairs, if not performed, pose a threat to one or more of the following:
  - The safety or health of myself/family
  - The status of my employment
  - The removal of my children from my care
- ❑ I am willing, upon approval/completion of my repair, to volunteer 1 day (8 hours) of my time.

Please include, on a separate page:

1. **A brief explanation of your situation**
2. **The names and phone #'s of 2 personal references**
3. **A copy of valid photo ID**

I certify that, under penalty of perjury, the above information is, to the best of my knowledge, true.

X_____

Applicant Signature _____ Date _____

Good Neighbors, Inc.
P.O. Box 640
Staffordsville, Ky 41256

Housing Services Form [housing services + construction members]	Project Name: **Homes for All** Operating Year: **2017-2018**
Member Name:	
Service Site:	
Date Housing Services Started *(date **YOU** began work with or for client):*	
Client Name and Identifier *(use same ID as listed in America Learns):*	

Step 1: Documentation Supporting Client Eligibility

Please select the same option below as the one you select in the America Learns system. If the one you need is not available, you need to contact HHCK Staff to discuss. Below are examples of proof that a client is eligible to be counted as "served" by a Homes for All member. The option you select must be verifiable. **Select ONE** of the following –

- ☐ Copy of Medicaid Eligibility or Benefits Letter
- ☐ Copy of SNAP Eligibility or Benefits Letter
- ☐ Copy of SSI or SSDI
- ☐ Copy of Medicaid Eligibility or Benefits Letter
- ☐ Copy of Section 8 Housing Assistance Eligibility or Benefits Letter
- ☐ Copy of Social Security Benefits
- ☐ Copy of TANF/KTAP or Benefits Letter
- ☐ Copy of disability determination
- ☐ Copy of past due bill (at least 60 days in arrears)
- ☐ Current credit report with credit score below 620
- ☐ Income tax return or paystub that proves the client is below 200 % of poverty
- ☐ Section 8 eligibility

OR

- ☐ HOMELESS VERIFICATION (use page two of the Housing Services Form – you will not need another form of documentation)
- ☐ HMIS Verification

Birthdate of Client:	Number of Adults in Household:	Number of Children In Household:

# of Veterans in Household:	# of Active Military in Household:
# of Family Members of Veterans in Household:	**# of Family Members of Active Military in Household:**

Is this client receiving services because of a disaster? (i.e. tornado, flood) CIRCLE ONE: YES NO