

**Coalition of Powhatan Churches
Assistance Application**

Legal Name: _____ Physical Address: _____

Mailing Address: _____ Phone/Contact #: _____

Number of Persons in Home: _____

Individuals in the home, including yourself:

Last Name	First Name	Date of Birth	Gender	Relationship to Applicant	Education Level	Social Security Number

Describe the recent change in circumstances:

PLEASE READ THE FOLLOWING STATEMENTS PRIOR TO SIGNING THIS APPLICATION:

All of the information provided on this application is accurate. Failure to report accurate information is considered FRAUD. This includes failing to report all persons living in the household, failing to report all income, from all sources, failing to report all bank accounts, making false statements and withholding information. Failure to comply with program requirements could result in repayment of any benefits you receive and/or being ineligible for additional assistance.

I understand that all payments will be made directly to the vendor or landlord.

Coalition of Powhatan Churches staff are the only persons permitted to authorize payments made by the program.

Furthermore, it is my responsibility to provide all required documents to the agency. This includes the legal name of a company, an accurate address and account numbers. Failure to provide documents will result in this application being denied. Completion of this application gives the agency permission to verify sources of income and balances in bank accounts. Approval of funds is contingent upon meeting the Coalition of Powhatan Churches' guidelines and the availability of funds. I fully understand the above statements.

Print Name: _____ **Signature:** _____

Date: _____

Income: (Verification required for all income received within the past 60 days)

Type/Source & Household, Member	Gross Amount	Frequent	Calculation – Staff Only
Total Household Income:			

Resources: Verification

Type of Account	Name of Bank	Account Balance	Calculation – Staff Only

Check type of Assistance requested:

Type of Assistance requested	To whom	Account Number	Phone Number
Utility			
Mortgage/Rent			
Oil/Propane/Kerosene			
Other			

Does your family currently receive SNAP or food stamps?

Yes

No

Case Pending

What is your monthly mortgage/rental payment? _____ Per month

Demographic information used for reporting purposes only:

Ethnicity of all individuals in household:

Circle One: Hispanic

Not Hispanic

Race of Family:

Circle One: Black/African American

White

Does your family have Health Insurance:

Circle One: Yes

No

If only some members have insurance, list who:

Is anyone in the home declared legally disabled:

Circle One:

Yes

No

If yes, Who: