Please complete the following application for rental, mortgage, and utility assistance. Part VI will need to be completed for each adult and child that lives in the household. Additionally, Part IX will need to be completed for each utility you are seeking assistance for. Social Security Number is not required for all programs, so if you are unable to provide a Social Security Number, please leave this field blank.

<table>
<thead>
<tr>
<th>PART I: APPLICANT CONTACT INFORMATION AND ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST NAME</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMAIL ADDRESS</th>
<th>EMAIL TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Personal</td>
</tr>
<tr>
<td></td>
<td>☐ Work</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHONE NUMBER</th>
<th>PHONE TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Home</td>
</tr>
<tr>
<td></td>
<td>☐ Mobile</td>
</tr>
<tr>
<td></td>
<td>☐ Business</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PREFERRED METHOD OF CONTACT</th>
<th>Please check 1 option.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Any</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTACT PREFERENCES</th>
<th>Please check all that apply.</th>
<th>☐ Do not call</th>
<th>☐ Do not email</th>
<th>☐ Text Opt-In</th>
</tr>
</thead>
</table>

Are you experiencing homelessness? ☐ Yes ☐ No
Have you been evicted from your home? ☐ Yes ☐ No
Do you have a sheltered place to sleep? ☐ Yes ☐ No

<table>
<thead>
<tr>
<th>HOUSING TYPE</th>
<th>Please check 1 option.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Apartment</td>
</tr>
<tr>
<td></td>
<td>☐ Assisted Living Facility</td>
</tr>
<tr>
<td></td>
<td>☐ Condo/Townhouse</td>
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<tr>
<td></td>
<td>☐ Duplex/Triplex/Fourplex</td>
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<tr>
<td></td>
<td>☐ Other</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOUSING PAYMENT TYPE</th>
<th>Please check 1 option.</th>
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<tbody>
<tr>
<td></td>
<td>☐ Rent</td>
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<th>RESIDENTIAL ADDRESS</th>
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<tbody>
<tr>
<td>STREET 1</td>
</tr>
<tr>
<td>STREET 2</td>
</tr>
<tr>
<td>CITY</td>
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<tr>
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</tbody>
</table>

Is your mailing address the same as your residential address? ☐ Yes ☐ No
### Mailing Address

**Please enter if mailing address is different from residential address.**

<table>
<thead>
<tr>
<th><strong>STREET 1</strong></th>
<th><strong>UNIT/APT/LOT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>STREET 2</strong></th>
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</thead>
<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CITY</strong></th>
<th><strong>STATE</strong></th>
<th><strong>ZIPCODE</strong></th>
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</table>

### Part II: Applicant Demographics

**Gender Assigned at Birth**

Please check 1 option.

- [ ] Female
- [ ] Male

**Gender Self-Identify As**

Please check all that apply.

- [ ] Female
- [ ] Male
- [ ] Transgender Female
- [ ] Transgender Male
- [ ] Non-Binary/Non-Conforming
- [ ] Do not identify with a gender
- [ ] Prefer to self-describe
- [ ] Prefer not to answer

If selected “Prefer to self-describe,” please enter your response: ________________________________

**Pronouns**

Please check 1 option.

- [ ] She/Her/Hers
- [ ] He/Him/His
- [ ] They/Them/Theirs
- [ ] Unknown
- [ ] Other

**Race and Ethnicity**

Please check all that apply.

- [ ] Asian
- [ ] Black or African American
- [ ] Hispanic, Latino, or Spanish
- [ ] Indigenous Peoples, Native American, or Alaskan Native
- [ ] Native Hawaiian or Pacific Islander
- [ ] Middle Eastern or North African
- [ ] White
- [ ] Other Ethnicity: ________________________________
- [ ] Prefer not to answer

**Current Residency Status**

Please check 1 option.

- [ ] U.S. Citizen
- [ ] Temporary Resident (Conditional, Visa, Protected Status)
- [ ] Permanent Resident (Green Card)
- [ ] Asylee or Refugee
- [ ] Prefer not to answer

**Military Status**

Please check 1 option.

- [ ] Child of a veteran
- [ ] Spouse of a veteran (Living or Deceased)
- [ ] I am currently on active duty
- [ ] I am a veteran
- [ ] I am not a veteran
- [ ] Prefer not to answer

**Parental Status**

Please check 1 option.

- [ ] Two-parent household
- [ ] Single-parent household with joint custody
- [ ] Single-parent household with sole custody
- [ ] Grandparent with custody of child
- [ ] Primary caregiver with custody
- [ ] Primary caregiver without custody
- [ ] Foster parent
- [ ] No children under 18

**Highest Grade Completed**

Please check 1 option.

- [ ] Pre-K
- [ ] Kindergarten
- [ ] First
- [ ] Second
- [ ] Third
- [ ] Fourth
- [ ] Fifth
- [ ] Sixth
- [ ] Seventh
- [ ] Eighth
- [ ] Ninth
- [ ] Tenth
- [ ] Eleventh
- [ ] Twelfth
**HIGHEST CREDENTIAL/ POSTSECONDARY LEVEL COMPLETED** Please check 1 option.

- None completed
- High School Diploma
- GED
- 1+ years of Postsecondary Education
- Vocational/Technical Degree
- Associate Degree
- Bachelor’s Degree
- Master’s Degree
- Professional Degree
- Doctorate Degree

**LIVE WITH A DISABILITY**

- Yes
- No

**DISABILITY** If you are living with a disability, please check all that apply.

- Cognitive/Learning (Includes Speech Disorders)
- Head Injury (Includes Acquired and Traumatic)
- Hearing
- Invisible (Includes Chronic Pain and Sleep Disorders)
- Mental Health/Psychological Condition
- Mobility/Physical
- Spinal Cord Injury
- Vision
- Other: _______________________

**CURRENTLY PREGNANT**

- Yes
- No

**HAVE INSURANCE**

- Yes
- No
- Unknown

**INSURANCE** If you have insurance, please check all that apply.

- AHCCCS
- ALTCS
- Medicaid
- Medicare
- Dental
- VA Medical Services
- Indian Health Services
- COBRA
- Employer Provided
- State Health Insurance for Adults
- Military Health Care
- Direct Purchase
- Unknown
- Other

**ENGLISH PROFICIENCY**

- Little
- Moderate
- Proficient

**ADDITIONAL LANGUAGES**

<table>
<thead>
<tr>
<th>PROFICIENCY</th>
<th>PRIMARY LANGUAGE</th>
<th>TRANSLATOR NEEDED</th>
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</thead>
<tbody>
<tr>
<td>Little</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Moderate</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Proficient</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**PART III. APPLICANT EMPLOYMENT STATUS**

**EMPLOYMENT STATUS** Please check 1 option.

- Student w/ No Employment
- Student w/ Part-Time Employment
- Student w/ Full-Time Employment
- Self-Employed
- Employed thru Casual/Contract Work
- Employed Part-Time
- Employed Full-Time
- Furloughed
- Unemployed and Job Searching
- Unemployed and not Job Searching
- Retired

**If you are currently unemployed, what caused your unemployment?** Please check 1 option.

- Home or Family Responsibilities
- Experiencing Ill Health or Disability
- Laid Off (Involuntary Unemployment)
- Terminated (Involuntary Unemployment)
- Newly Entering the Workforce (Recent Graduate)
- Relocation Unemployment (Recent Move)
- Re-entering the Workforce (Did not work for a period of time)
- Voluntary Unemployment (Resigned to seek other opportunities)
- Seasonal Unemployment
- Furloughed

**UNEMPLOYED SINCE (DATE)**

- Yes
- No
- I don’t know

**QUALIFY FOR UNEMPLOYMENT BENEFITS**

- Yes
- No

**JOB SEARCHING**

- Yes
- No

**MIGRANT WORKER**

- Yes
- No

**SEASONAL FARM WORKER**

- Yes
- No
### PART IV. PUBLIC ASSISTANCE PROGRAMS

**Are you currently enrolled in any public assistance programs?**  
☐ Yes  ☐ No

**If “Yes,” which public assistance programs are you currently enrolled in?**

- [ ] Arizona Health Care Cost Containment System (AHCCCS)  
- [ ] Social Security Income
- [ ] DES Child Care Subsidy  
- [ ] Supplemental Nutrition Assistance Program (SNAP)
- [ ] Refugee Case Assistance  
- [ ] Temporary Assistance for Needy Families (TANF)
- [ ] Social Security Disability Insurance (SSDI)  
- [ ] Women, Infants, and Children (WIC)

**If on SNAP, are all household members listed under your SNAP case?**  
☐ Yes  ☐ No

**If you selected “No,” please list each household member not included on your SNAP Case (full name).**

_____________________________________________________________________________________________________________________________

### PART V. COVID-19 IMPACT

**Have you been financially impacted by COVID-19?**  
☐ Yes  ☐ No

**If you selected “Yes,” how have you been financially impacted by COVID-19?**

- [ ] Experienced a reduction or loss of income  
- [ ] Expenses unexpectedly increased

**Experienced a reduction or loss of income: What caused a reduction or loss of income?**  Please check all that apply.

- [ ] A job offer made prior to COVID-19 was rescinded
- [ ] I was terminated from employment/laid off
- [ ] I was furloughed
- [ ] My work schedule was reduced by my employer
- [ ] I am self-employed and my business has been affected/closed
- [ ] I had to quarantine because I am at higher risk for severe illness from COVID-19
- [ ] I had to quarantine due to COVID-19 illness or exposure
- [ ] I had to care for someone else who was quarantined due to COVID-19 risk or exposure
- [ ] I had to care for a dependent child or disabled/vulnerable adult
- [ ] Other (please describe): _________________________________________________________________

**Expenses unexpectedly increased: How have your expenses unexpectedly increased?**  Please check all that apply.

- [ ] I have day care expenses due to school or day care closures for a dependent adult or child
- [ ] I have medical expenses due to COVID-19 illness not covered by insurance
- [ ] I am unable to attend senior/community centers to obtain previously received basic living necessities
- [ ] Other (please describe): _________________________________________________________________
### PART VI. HOUSEHOLD MEMBER INFORMATION

Please complete for each individual living in the household.

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>M.I.</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHONE NUMBER</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RELATIONSHIP TO APPLICANT</th>
<th>PRIMARY LANGUAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GENDER SELF-IDENTIFY AS** Please check 1 option.

- [ ] Female
- [ ] Transgender Female
- [ ] Non-Binary/Non-Conforming
- [ ] Prefer to self-describe

- [ ] Male
- [ ] Transgender Male
- [ ] Do not identify with a gender
- [ ] Prefer not to answer

If selected “Prefer to self-describe,” please enter your response: ______________________________________________________

**RACE AND ETHNICITY** Please check all that apply.

- [ ] Asian
- [ ] Black or African American
- [ ] Hispanic, Latino, or Spanish
- [ ] Indigenous Peoples, Native American, or Alaskan Native
- [ ] Native Hawaiian or Pacific Islander
- [ ] Middle Eastern or North African
- [ ] White
- [ ] Other Ethnicity: ________________________________
- [ ] Prefer not to answer

**CURRENT RESIDENCY STATUS** Please check 1 option.

- [ ] U.S. Citizen
- [ ] Permanent Resident (Green Card)
- [ ] Asylee or Refugee
- [ ] Temporary Resident (Conditional, Visa, Protected Status)
- [ ] Prefer not to answer

**HIGHEST GRADE COMPLETED** Please check 1 option.

- [ ] Pre-K
- [ ] Kindergarten
- [ ] First
- [ ] Second
- [ ] Third
- [ ] Fourth
- [ ] Fifth
- [ ] Sixth
- [ ] Seventh
- [ ] Eighth
- [ ] Ninth
- [ ] Tenth
- [ ] Eleventh
- [ ] Twelfth

**HIGHEST CREDENTIAL/ POSTSECONDARY LEVEL COMPLETED** Please check 1 option.

- [ ] None completed
- [ ] High School Diploma
- [ ] GED
- [ ] 1+ years of Postsecondary Education
- [ ] Vocational/Technical Degree
- [ ] Associate Degree
- [ ] Bachelor’s Degree
- [ ] Master’s Degree
- [ ] Professional Degree
- [ ] Doctorate Degree
- [ ] Prefer not to answer

**EMPLOYMENT STATUS** Please check 1 option.

- [ ] Student w/ No Employment
- [ ] Student w/ Part-Time Employment
- [ ] Student w/ Full-Time Employment
- [ ] Self-Employed
- [ ] Employed thru Casual/Contract Work
- [ ] Employed Part-Time
- [ ] Employed Full-Time
- [ ] Furloughed
- [ ] Unemployed and Job Searching
- [ ] Unemployed and not Job Searching
- [ ] Retired
- [ ] Prefer not to answer

**LIVE WITH A DISABILITY**

- [ ] Yes
- [ ] No

**CURRENTLY PREGNANT**

- [ ] Yes
- [ ] No

**HAVE INSURANCE**

- [ ] Yes
- [ ] No
- [ ] Unknown

**INSURANCE** Please check all that apply.

- [ ] AHCCCS
- [ ] AL/TCS
- [ ] Medicaid
- [ ] Medicare
- [ ] Dental
- [ ] SCHIP
- [ ] VA Medical Services
- [ ] Indian Health Services
- [ ] COBRA
- [ ] Employer Provided
- [ ] State Health Insurance for Adults
- [ ] Military Health Care
- [ ] Direct Purchase
- [ ] Prefer not to answer
- [ ] Unknown
- [ ] Other

**CURRENTLY LIVE IN THE HOUSEHOLD**

- [ ] Yes
- [ ] No
PART VII. RENTAL AND MORTGAGE ASSISTANCE

Are you seeking rental or mortgage assistance? Please check 1 option.

☐ Rental Assistance  ☐ Mortgage Assistance

If seeking MORTGAGE ASSISTANCE, what is your policy number?

SEEKING ASSISTANCE WITH ☐ Monthly Payment  ☐ Move-In Deposit

If seeking RENTAL ASSISTANCE, have you received an eviction notice?  □ Yes  □ No

If seeking MORTGAGE ASSISTANCE, have you received a foreclosure notice?  □ Yes  □ No

MONTHS SEEKING ASSISTANCE AND AMOUNT DUE Please check all that apply.

<table>
<thead>
<tr>
<th>MONTH</th>
<th>AMOUNT DUE</th>
<th>MONTH</th>
<th>AMOUNT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ January</td>
<td>January: $</td>
<td>☐ July</td>
<td>July: $</td>
</tr>
<tr>
<td>☐ February</td>
<td>February: $</td>
<td>☐ August</td>
<td>August: $</td>
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<tr>
<td>☐ March</td>
<td>March: $</td>
<td>☐ September</td>
<td>September: $</td>
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<td>October: $</td>
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<tr>
<td>☐ May</td>
<td>May: $</td>
<td>☐ November</td>
<td>November: $</td>
</tr>
<tr>
<td>☐ June</td>
<td>June: $</td>
<td>☐ December</td>
<td>December: $</td>
</tr>
</tbody>
</table>

If seeking assistance with a MOVE-IN DEPOSIT, what is your move-in address?

<table>
<thead>
<tr>
<th>STREET 1</th>
<th>UNIT/APT/LOT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>STREET 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIPCODE</th>
</tr>
</thead>
</table>
**PART VIII. UTILITY ASSISTANCE** Please complete for each utility seeking assistance for.

**Which utility are you seeking assistance for?** Please check 1 option.

- ☐ Gas
- ☐ Water
- ☐ Electric
- ☐ Sewer
- ☐ Trash

**UTILITY STATUS** Please check 1 option.

- ☐ Currently Shut Off
- ☐ Notice of Delinquency/Disconnect
- ☐ Past Due (In Arrears)
- ☐ Utility Payment Current

**UTILITY COMPANY**

**SEEKING ASSISTANCE WITH**

- ☐ Utility Payment
- ☐ Utility Deposit

**If seeking assistance with a UTILITY PAYMENT, what is the amount due for your most recent bill?**

- $ ______

**If seeking assistance with a UTILITY DEPOSIT, what is the amount due for your utility deposit?**

- $ ______

**MONTHS SEEKING ASSISTANCE** Please check all that apply.

- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ May
- ☐ June
- ☐ July
- ☐ August
- ☐ September
- ☐ October
- ☐ November
- ☐ December

**NAME LISTED ON UTILITY ACCOUNT**

**ACCOUNT NUMBER**

**If seeking assistance with a UTILITY DEPOSIT, what is your MOVE-IN address?**

**STREET 1**

**UNIT/APT/LOT**

**STREET 2**

**CITY**

**STATE**

**ZIPCODE**
PART IX. HOUSEHOLD INCOME Please list each household income source.

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER</th>
<th>INCOME SOURCE</th>
<th>PAY FREQUENCY</th>
<th>START DATE</th>
<th>END DATE</th>
<th>AMOUNT RECEIVED PRIOR TO DEDUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**PAY FREQUENCY OPTIONS**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Weekly</th>
<th>Bi-Monthly</th>
<th>Annually</th>
<th>Per Job</th>
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</thead>
<tbody>
<tr>
<td>Bi-Weekly</td>
<td>Monthly</td>
<td>One Time</td>
<td>Varies</td>
<td></td>
</tr>
</tbody>
</table>
### PART X. CURRENT EMPLOYMENT

Please list each household member’s employment.

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER</th>
<th>EMPLOYER</th>
<th>START DATE</th>
<th>JOB TITLE</th>
<th>HOURS PER WEEK</th>
<th>HOURLY WAGE</th>
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</thead>
<tbody>
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PART XI. APPLICANT SIGNATURE

I authorize Tempe Community Action Agency & Maricopa County Human Services Department and/or its delegate agency to contact any source necessary to establish the accuracy of the information given by me. Further, I authorize any landlord, mortgage, or utility company, to which payment of credit on my behalf may be made, to release information regarding my account including, but not limited to, billing information to Maricopa County Human Services Department and/or its delegate agency.

I attest that the information I have provided in this application is true and correct to the best of my knowledge. This includes information regarding household members, income, property, contact details, and all other items provided. I am aware that I may be required to submit additional documentation at a later date, which may be used to determine my eligibility for services.

_____________________________________________________________           ______________________________________
Printed Name                                                                 Date

_____________________________________________________________
Signature