Tempe Community Action Agency

RENTAL, MORTGAGE, & UTILITY ASSISTANCE APPLICATION

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.

PART I: APPLICANT CONTACT INFORMATION AND ADDRESS				
FIRST NAME	**LAST NAME**	**M.I.**	**SOCIAL SECURITY NUMBER**	**DATE OF BIRTH**

EMAIL ADDRESS	**EMAIL TYPE**	
	☐ Personal ☐ Work	☐ Other

PHONE NUMBER	**PHONE TYPE**	
	☐ Home ☐ Mobile ☐ Business	☐ TTY ☐ Other

PREFERRED METHOD OF CONTACT Please check **1** option.	☐ Any	☐ Call	☐ Text	☐ Email	☐ Mail/Letter
CONTACT PREFERENCES Please check all that apply.	☐ Do not call	☐ Do not email	☐ Text Opt-In		
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			

HOUSING TYPE Please check **1** option.

☐ Apartment	☐ Foster Care	☐ Nursing Home
☐ Assisted Living Facility	☐ Group Home	☐ Shelter
☐ Condo/Townhouse	☐ House	☐ Other
☐ Duplex/Triplex/Fourplex	☐ Mobile Home	☐ Prefer not to answer

HOUSING PAYMENT TYPE Please check **1** option.

☐ Rent	☐ Own	☐ Subsidized	☐ No Payment	☐ Prefer not to answer

RESIDENTIAL ADDRESS

STREET 1	**UNIT/APT/LOT**

STREET 2

CITY	**STATE**	**ZIPCODE**

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

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MAILING ADDRESS Please enter if mailing address is different from residential address.	
STREET 1	**UNIT/APT/LOT**
STREET 2	

CITY	**STATE**	**ZIPCODE**

PART II: APPLICANT DEMOGRAPHICS

GENDER ASSIGNED AT BIRTH Please check **1** option.

☐ Female ☐ Male

GENDER SELF-IDENTIFY AS Please check all that apply.

☐ 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: _____

PRONOUNS Please check **1** option.

☐ She/Her/Hers ☐ They/Them/Theirs ☐ Other
☐ He/Him/His ☐ Unknown

RACE AND ETHNICTY Please check all that apply.

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

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

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

MILITARY STATUS Please check **1** option.

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

PARENTAL STATUS Please check **1** option.

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

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

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

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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: _____
☐ Prefer not to answer

CURRENTLY PREGNANT		**HAVE INSURANCE**		
☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown

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

☐ AHCCCS
☐ ALTCS
☐ Medicaid
☐ Medicare
☐ Dental
☐ SCHIP
☐ 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 LANUAGES	**PROFICIENCY**	**PRIMARY LANGUAGE**	**TRANSLATOR NEEDED**
	☐ Little ☐ Moderate ☐ Proficient	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Little ☐ Moderate ☐ Proficient	☐ Yes ☐ No	☐ Yes ☐ No

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)	**QUALIFY FOR UNEMPLOYMENT BENEFITS**		
	☐ Yes	☐ No	☐ I don't know

JOB SEARCHING		**MIGRANT WORKER**		**SEASONAL FARM WORKER**	
☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No

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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): _____

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PART VI. HOUSEHOLD MEMBER INFORMATION Please complete for each individual living in the household.

FIRST NAME	LAST NAME	M.I.	SOCIAL SECURITY NUMBER	DATE OF BIRTH

PHONE NUMBER	EMAIL ADDRESS

RELATIONSHIP TO APPLICANT		PRIMARY LANGUAGE	

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 ETHNICTY Please check all that apply.

☐ Asian
☐ Black or African American
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☐ Indigenous Peoples, Native American, or Alaskan Native
☐ Native Hawaiian or Pacific Islander
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☐ White
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CURRENT RESIDENCY STATUS Please check **1** option.

☐ U.S. Citizen ☐ Temporary Resident (Conditional, Visa, Protected Status) ☐ Prefer not to answer
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HIGHEST GRADE COMPLETED Please check **1** option.

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☐ Kindergarten ☐ Second ☐ Fourth ☐ Sixth ☐ Eighth ☐ Tenth ☐ Twelfth

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

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☐ High School Diploma
☐ GED
☐ 1+ years of Postsecondary Education
☐ Vocational/Technical Degree
☐ Associate Degree
☐ Bachelor's Degree
☐ Master's Degree
☐ Professional Degree
☐ Doctorate Degree

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

LIVE WITH A DISABILTY		CURRENTLY PREGNANT		HAVE INSURANCE		
☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Unknown

INSURANCE Please check all that apply.

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

CURRENTLY LIVE IN THE HOUSEHOLD	☐ Yes	☐ No

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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.

MONTH	AMOUNT DUE	MONTH	AMOUNT DUE
☐ January	January: $	☐ July	July: $
☐ February	February: $	☐ August	August: $
☐ March	March: $	☐ September	September: $
☐ April	April: $	☐ October	October: $
☐ May	May: $	☐ November	November: $
☐ June	June: $	☐ December	December: $

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

STREET 1	UNIT/APT/LOT

STREET 2		
CITY	**STATE**	**ZIPCODE**

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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**		

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

HOUSEHOLD MEMBER	INCOME SOURCE	PAY FREQUENCY	START DATE	END DATE	AMOUNT RECEIVED PRIOR TO DEDUCTIONS

PAY FREQUENCY OPTIONS			
Weekly	Bi-Monthly	Annually	Per Job
Bi-Weekly	Monthly	One Time	Varies

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PART X. CURRENT EMPLOYMENT Please list each household member's employment.					
HOUSEHOLD MEMBER	**EMPLOYER**	**START DATE**	**JOB TITLE**	**HOURS PER WEEK**	**HOURLY WAGE**

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