



48 hour turn time on complete applications

What program/s are you interested in (check all that apply):

- Home repair (For Homeowners Up to \$2,000.00 for safety & accessibility)
- Vehicle Repair Loan (Mechanical repairs only, up to \$1,000.00)
- Emergency Funds Program (Up to \$300.00 for approved expenditures)
- Other _____

CLIENT INFORMATION

Last Name _____ First Name _____ MI _____
Address _____
Date of Birth _____
Phone _____ - _____ Email _____ SSN _____

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Last Name _____ First Name _____ MI _____
Address _____
Date of Birth _____
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HOUSEHOLD SIZE

ADDITIONAL COMMENTS SUPPORTING APPLICATION

Household Size _____
(see attachment for household size maximum income)

MILITARY STATUS (SELECT ONE)	HOUSING STATUS	
<input type="checkbox"/> Active Military <input type="checkbox"/> Veteran <input type="checkbox"/> No Military Status <input type="checkbox"/> Unknown	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Transitional	Time at residence ___yrs/ months Landlord Contact Info _____
HOW DID YOU HEAR ABOUT US:	SELECT INCOME SOURCE:	
<input type="checkbox"/> Social Media <input type="checkbox"/> Friends/Family <input type="checkbox"/> School <input type="checkbox"/> Community event <input type="checkbox"/> Flyer/Brochure <input type="checkbox"/> Other _____	<input type="checkbox"/> Employment <input type="checkbox"/> Public Assistance <input type="checkbox"/> Child Support <input type="checkbox"/> Self-Employment <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Other _____	

EMPLOYMENT STATUS:

Are You Currently Employed? Yes/ No

If yes: Full Time Part Time

Hours per week _____

Yrs/Mos. on the job _____

Hourly wage _____

Employer _____

DO YOU HAVE A VALID DRIVER'S LICENSE - YES OR NO

Other Household Members

FIRST NAME: _____ MIDDLE INITIAL: _____

LAST NAME: _____ BIRTHDATE: ____/____/____

Income (if over 18 and not a student) _____ Per (Month, Bi Weekly,
Weekly circle one)

RELATIONSHIP TO THE APPLICANT _____

Other Household Members

FIRST NAME: _____ MIDDLE INITIAL: _____

LAST NAME: _____ BIRTHDATE: ____/____/____

RELATIONSHIP TO THE APPLICANT _____

Other Household Members

FIRST NAME: _____ MIDDLE INITIAL: _____

LAST NAME: _____ BIRTHDATE: ____/____/____

RELATIONSHIP TO THE APPLICANT _____

For Home Repair Program (only)

House-

year built _____

Water Heater- Natural Gas LP/Propane

Heating-

Natural gas

LP/Propane

Oil Electric Oil Electric Wood

HOME REPAIR PROGRAM	VEHICLE REPAIR LOAN PROGRAM	EMERGENCY FUNDS PROGRAM
<input type="checkbox"/> Tax Bill (with applicants name as owner) for home repair program	<input type="checkbox"/> Copy of Title or other proof of vehicle ownership (for car repair program)	<input type="checkbox"/> Copy of Bill/Notice for requested assistance.
<input type="checkbox"/> Estimate for repairs	<input type="checkbox"/> Estimate for repairs	<input type="checkbox"/> Two years income taxes or statement applicants do not file taxes.
<input type="checkbox"/> Two years income taxes or statement applicants do not file taxes.	<input type="checkbox"/> Two years income taxes or statement applicants do not file taxes.	<input type="checkbox"/> Most recent benefit statements
<input type="checkbox"/> Two months paystubs	<input type="checkbox"/> Two months paystubs	<input type="checkbox"/> Two months paystubs
<input type="checkbox"/> Two months bank statements	<input type="checkbox"/> Two months bank statements	<input type="checkbox"/> Two months bank statements
<input type="checkbox"/> Most recent benefit statements	<input type="checkbox"/> Most recent benefit statements	
	<input type="checkbox"/> Autopay form (payment)	

(If not a complete application, indicate by checking circle what we have, make a copy and highlight what we still need for client to take with them).

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NOTE TO APPLICANT: IF ANY INFORMATION ON THIS APPLICATION IS FOUND TO BE FALSE OR INCOMPLETE, SUCH FINDING MAY BE GROUNDS FOR DENIAL FOR THE REQUESTED ASSISTANCE AND MAY BE A BASIS FOR DEBARMENT FROM PARTICIPATION IN ALL COMPASSIONATE CONNECTIONS CENTER PROGRAMS.

Signature: _____ Date: _____

_____ Date: _____

Alternate Contact

Name _____

Phone Number _____

Decision: Approved/Declined

Decisioning Staff Signature

Inappropriate behavior such as profanity, verbal abuse of staff or any other disruptive behavior is prohibited. Any such behavior may result in the suspension or termination of your privileges at The Compassion Connections Center. _____(Applicant Initial)