



Date \_\_\_\_\_

**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 \_\_\_\_\_

**CLIENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_ SSN \_\_\_\_\_

GENDER	MARITAL STATUS	ETHNICITY
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino

<b>HOUSEHOLD SIZE</b>	<b>INDICATE YOUR RACE (SELECT ONE)</b>	
<input type="checkbox"/> Household Size _____ (see attachment for household size maximum income)	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unspecified	
<b>MILITARY STATUS (SELECT ONE)</b>	<b>HOUSING STATUS</b>	
<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 _____
<b>HOW DID YOU HEAR ABOUT US:</b>	<b>SELECT INCOME SOURCE:</b>	
<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 _____	

Date \_\_\_\_\_

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_

GENDER: Male \_\_\_\_\_ Female \_\_\_\_\_

**RELATIONSHIP TO THE APPLICANT** \_\_\_\_\_

**Other Household Members**

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

GENDER: Male \_\_\_\_\_ Female \_\_\_\_\_

**RELATIONSHIP TO THE APPLICANT** \_\_\_\_\_

**Other Household Members**

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

GENDER: Male \_\_\_\_\_ Female \_\_\_\_\_

**RELATIONSHIP TO THE APPLICANT** \_\_\_\_\_

Date \_\_\_\_\_

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
<ul style="list-style-type: none"> <li>• Tax Bill (with applicants name as owner) for home repair program</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of Title or other proof of vehicle ownership (for car repair program)</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of Bill/Notice for requested assistance.</li> </ul>
<ul style="list-style-type: none"> <li>• Estimate for repairs</li> </ul>	<ul style="list-style-type: none"> <li>• Estimate for repairs</li> </ul>	<ul style="list-style-type: none"> <li>• Two years income taxes or statement applicants do not file taxes.</li> </ul>
<ul style="list-style-type: none"> <li>• Two years income taxes or statement applicants do not file taxes.</li> </ul>	<ul style="list-style-type: none"> <li>• Two years income taxes or statement applicants do not file taxes.</li> </ul>	<ul style="list-style-type: none"> <li>• Most recent benefit statements</li> </ul>
<ul style="list-style-type: none"> <li>• Two months paystubs</li> </ul>	<ul style="list-style-type: none"> <li>• Two months paystubs</li> </ul>	<ul style="list-style-type: none"> <li>• Two months paystubs</li> </ul>
<ul style="list-style-type: none"> <li>• Two months bank statements</li> </ul>	<ul style="list-style-type: none"> <li>• Two months bank statements</li> </ul>	<ul style="list-style-type: none"> <li>• Two months bank statements</li> </ul>
<ul style="list-style-type: none"> <li>• Most recent benefit statements</li> </ul>	<ul style="list-style-type: none"> <li>• Most recent benefit statements</li> </ul>	
	<ul style="list-style-type: none"> <li>• Autopay form (payment)</li> </ul>	

Date \_\_\_\_\_

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

\_\_\_\_\_

Date \_\_\_\_\_