

APPLICATION



Love INC

LOVE IN THE NAME OF CHRIST
OF THE KENAI PENINSULA

Love INC Physical Address: 44410 K-Beach Rd
Soldotna AK 99669

Love INC mailing address: P.O. Box 3052
Kenai, AK 99611

Main Number 262-5140
Housing Number 262-5169
Clearinghouse Number 262-5170
Director's Number 262-5165
Fax number **262-5149**

Date: _____

Client Name: _____ Phone Number: _____

Number of adults living in the household: _____ Number of children in the household _____

We base all needs on manageability, priority, eligibility, and available funds.

Incomplete applications will not be considered

If you need help with this application, please ask

On the lines below, fill out your circumstances and we will try to help in any way we can.

Continue in back of paper

Can we pray for you? _____ Prayer Need: _____

What Church do you belong to, if any? _____

Need #1 _____ Need #2 _____ Need #3 _____ Need #4 _____



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We require Alaska ID or Alaska Driver's license for all services.

People in your household

Please Print Neatly

Household Members	Relation NR = not related	Birthdate	Last 4 social security #	Sex (M/F)	US Citizen (Yes/No)	Disabled (Yes/No)	Veteran (Yes/No)	Race	Ethnic Group Hispanic Non-Hispanic
	Self								
	Spouse/ S. Other								

If you are Alaskan Native, what corporation do you belong to? _____

Home Address	City	Zip Code
Mailing Address	City	Zip Code
Home Phone	Cell Phone	Msg. Phone
Homeless: Yes No	If yes, How Long	
Please Circle		

Is there anyone temporarily living with you? **Who:** _____

Reason: _____

Transportation:

Do you own a car? Yes _____ No _____ How many _____ Car insurance: Yes _____ No _____

Household income: <i>We need exact amounts for last 30 days</i>			Household expenses			
What Sources of income do you have?	Client MONTHLY INCOME	Other adult in household Monthly income	What are your monthly expenses	Amount	Current	Past Due
Employment			Rent/Mortgage			
Unemployment			Electricity			
ATAP/Public Assistance			Natural Gas			
Social Security (SSI-SSD)			Propane/Wood			
Veterans Benefits			Other Utilities (Water, Garbage)			
Child Support			Cable/internet			
Widow/Senior Benefits			Phone			
Self-Employment			Car payment			
Foster care Adoption benefits			Car insurance			
Total			House, Rental Insurance			
PFD			Gas (Auto)			
Native Dividends			Daycare			
Subsidized rent Amount			Medical			
Food Stamps			Child Support			
Adult Medicaid/Medicare			Food			
Denali Kidcare	Yes No		Other: _____			
WIC	Yes No		Other: _____			
Bank Account	Yes No		Total Expenses			

Employment INFO:

Name of person working	Employer Name	Position	How Long
Hours worked per week	Hourly Rate or Monthly Salary	Contact Person	Phone #
Name of person working	Employer Name	Position	How Long
Hours worked per week	Hourly rate or Monthly salary	Contact person	Phone #

If applicable how much longer will you be on unemployment: _____ How long have you been out of work: _____ Expecting to go back to work? Yes _____ No _____ When _____



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HOMELESS PREVENTION AND PLACEMENT

OUR GRANT FUNDS DO NOT ALLOW US TO PROVIDE RELOCATION SERVICES

What is your primary need? (please circle) *Housing Placement* *Rental Assistance*
Emergency Lodging *Utility Assistance* *Supportive Services* *Deposits*

Housing Status Imminently at risk of losing housing (Rent arrearage)
 Unstably Housed (utility arrearage)
 Homelessness

Is client chronically homeless?

Does this person live in a place not meant for human habitation, a safe haven, or an emergency shelter?
 Has this person been homeless for at least a year of 4 separate occasions in the past year?
 Does this person have a substance abuse disorder, serious mental illness, developmental disability or chronic physical disorder?

Length of homelessness

1. Client entering from the streets, or emergency housing? Yes No
2. If Yes, approximate date started: _____
3. Regardless of where they stayed last night, number of times the client has been on the streets, or emergency housing in the past 3 years? _____

Prior living situation:

____ Emergency Shelter ____ Foster care ____ Hospital ____ Hotel (no Subsidy) ____ Jail ____ Own
____ Own (with subsidy) ____ Permanent Housing ____ Non-habitable place ____ Rent (no Subsidy)
____ rent (With Subsidy) ____ with family ____ with friends ____ substance abuse facility
____ Transitional housing ____ Don't know ____ refuse to answer ____ Other

Length of Stay:

____ One week or less ____ More than one week ____ 1-3 Months ____ More than three months ____ 1Year or longer

Zip code of last permanent address: _____ **or City & State** _____

Reason you are in need of help: Circle the one that applies Other (Not listed) _____

- Domestic violence Job loss over 60 days Job loss under 60 days New Job (pay check delay) Illness/ injury
Legal issues Loss of partner/ roommate Non-payment of child support Reduced work hours in treatment
Benefits interrupted (i.e. SSI, VA) ATAP delay/sanctions living with friends and asked to leave Theft Victim
Substance abuse Low Wages/ fixed income Death in family Car trouble or accident
Released from jail/prison House repairs (damaged or destroyed) Moved to Alaska with insufficient funds

Homeless Placement

What is your need? _____Permanent Housing Rent _____Permanent Housing rent deposits _____Utility Deposit

Do you have a section 8 voucher? ___Yes ___No **Please provide documentation showing how much your cost will be.**

Have you applied for USDA housing Assistance? ___Yes ___No **Please provide documentation of application from AHFC.**

Have you found a place to Live? ___Yes ___No Will they accept section 8 or USDA voucher? _____Yes _____No

Apartment Name: _____ Address: _____

Landlord Name: _____ Landlord Contact #: _____ Monthly Rent: _____

Rent Assistance:

Have you received an eviction notice? _____Yes _____No

Why? Please explain: _____

Landlord Name: _____ Landlord contact number: _____

Monthly Rent: _____ If Utilities included, what is utility allowance? _____ **Rental agreement required**

Are you receiving subsidy? ___Yes ___No If yes from whom? _____AHFC _____USDA _____Kenaitze _____Other

How much are you required to pay? _____ **Please provide housing documents**

You must provide Love INC with a copy of application/denial in order to receive rental assistance.

Utility Assistance

Have you received a shut off notice for utilities? ___Yes ___No Date of expected shut off _____

1st Utility Name _____ Account # _____ Amount due _____ Date due _____

2nd Utility name _____ Account # _____ Amount due _____ Date due _____

3rd Utility name _____ Account # _____ Amount due _____ Date due _____

You must provide a shut-off notice and bill for each utility need requested. We only assist with past-due utilities.

Comments or information we need to know about your situation:



Authorization for release of information

Head of household: _____ Spouse or S/O _____

I authorize and direct any state, or local agency, and any organization, business, or individual to release to **Love INC of the Kenai Peninsula** any information or materials needed to complete and verify my application for, or participation in any assistance program. Verifications and inquiries that may be requested include, but are not limited to:

- Identity/Driver's License
- Police records and criminal history
- Employment income
- Income from any source
- Agencies in regards to family size
- Medical or child care allowances
- Residences and rental activity

Groups or Individuals that Love INC may Contact

- USDA- Aurora Vista
Past and present landlords
- Law enforcement agencies
- Utility companies
- AK permanent fund agencies
Payees, trustees
- Individuals providing references
- Private and social agencies
- Any other documentation
- AHFC
- Past and present employers
- Dept. of Health and Social Service, Public Assistance
- Office of Children's Services
- Job Center/ Employment Specialists
- Medical Providers
- Kenai Peninsula Health Centers
- Kenaitze or other Alaska Native Social Services

Conditions: I understand that this authorization cannot be used to obtain information about me that is not pertinent to my eligibility for, and continued participation in an assistance program. I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for 15 months from the date signed.

Head of household signature Head of household name (printed) Today's Date

Spouse/Co-Tenant Signature Spouse/Co-Tenant name (Printed) Today's Date

Witness Signature Witness Name (Printed) Today's Date



LIST OF AGENCIES WORKING WITH YOUR FAMILY

Case worker: (Name) _____ Helping with? _____
Kenaitze: (Name) _____ Helping with? _____
Salvation Army: (Name) _____ Helping with? _____
Vocational Rehab: (Name) _____ Helping with? _____
Other: (Name) _____ Helping with? _____
Disability Agencies: (Name) _____ Helping with? _____

Do You Have a church family? _____ Yes _____ No Church name _____

STATEMENT OF TRUTH

I/we acknowledge that the information provided is accurate and complete.

I/we understand that false information/documentation are grounds for termination of assistance.

I/we understand that the information provided will be subject to verification.

I/we understand that any approved assistance will be paid directly to the landlord, property management, utility companies, etc.

I/we understand that any deposit paid on your behalf will come back to Love INC.

I/we understand that Love INC does not do relocations based on wanting to move to a better or bigger place, or wanting to move into or out of town.

I/we understand that Love INC is not responsible for monthly payments to landlords, utility companies. You, the client, must make your payments as scheduled.

Love INC will not interfere in any decision made by the landlord about you, the client.

Head of household Full name printed

Head of household Full name printed

Signature

Date

Signature

Date