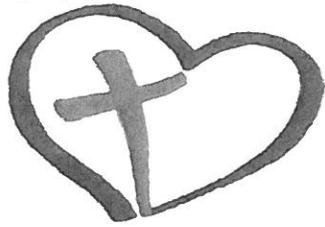




2/28/17 CE



We must have both physical and mailing addresses and you need to bring social security cards for all persons, picture ID's for adults and custody papers (if this is an issue) for children.

## People in your household

Love INC  
LOVE IN THE NAME OF CHRIST  
OF THE KENAI PENINSULA

(please print neatly) Tell us about all persons living in your house

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

Is anyone in your house disabled? Who: \_\_\_\_\_

If you are Alaskan Native, what corporation do you belong? \_\_\_\_\_

Home Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Home Phone	Cell Phone	Msg. Phone	

Is there anyone temporarily living with you? Who: \_\_\_\_\_

Reason: \_\_\_\_\_

Do you have a church family? \_\_\_\_\_  
Name of Church

### Transportation

Do you own a car? Yes \_\_\_ No \_\_\_ Is this the only vehicle you own? Yes \_\_\_ No \_\_\_

How Many that are running? \_\_\_\_\_ Car insurance policy # \_\_\_\_\_ Monthly cost or yearly \_\_\_\_\_

Household Income				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 Assist				Propane/ wood			
Social Security (SSI) (SSD)				Natural Gas			
Veterans Benefits				Other Utilities (water, garbage)			
Child Support				Cable/internet			
Widow/Senior benefits				Car Payment Yr., Make, Model _____			
Self-employment				Insurance			
Other							
<b>SUB-TOTAL INCOME</b>				Gas (Auto)			
Native Dividends				Daycare			
PFD				Medical			
Subsidized rent amount				Child Support			
Food Stamps				Other _____			
Adult Medicaid /Medicare	Yes	No	Yes No	Other _____			
Denali Kidcare	Yes	No	Yes No				
WIC	Yes	No	Yes No				
Bank Account	Yes	No	Yes No				
<b>TOTAL INCOME</b>				<b>TOTAL EXPENSES</b>			

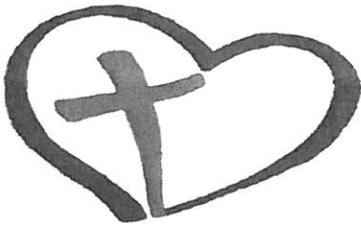
**EMPLOYMENT INFO:**

**ANNUAL INCOME:**

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 #

Previous Employer: \_\_\_\_\_ Previous Employer: \_\_\_\_\_

If applicable how much longer will you be on unemployment: \_\_\_\_\_ How long have you been out of work: \_\_\_\_\_?



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# Homeless Prevention and Placement

**What is your primary need? (please circle)**

*Housing Placement*

*Rental Assistance*

*Emergency Lodging*

*Utility Assistance*

*Supportive services*

**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 or 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**

- Client entering from the streets, or emergency housing?  Yes  No
- If Yes, approximate date started: \_\_\_\_\_
- 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 \_\_\_ Refused to answer \_\_\_ Other \_\_\_\_\_

**Length of Stay:**

\_\_\_ One week or less \_\_\_ More than one week \_\_\_ 1-3 months \_\_\_ more than 3 months \_\_\_ 1 year or longer

Zip code of last permanent address: \_\_\_\_\_ or City & State \_\_\_\_\_

**Reason You are in need of help: Circle one that applies**

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		Substance Abuse	Low wages/fixed income
Death in family	Theft victim	Car trouble or accident	released from jail/prison
House repairs (damaged or destroyed)		Moved to Alaska with insufficient funds	Other _____

## 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 document showing how much your cost will be.*

Have you applied for USDA housing assistance?  Yes  No *Please provide document 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 Document*

**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

1<sup>st</sup> Utility name \_\_\_\_\_ Account # \_\_\_\_\_ Amount due \_\_\_\_\_ Date due \_\_\_\_\_

2<sup>nd</sup> Utility name \_\_\_\_\_ Account # \_\_\_\_\_ Amount due \_\_\_\_\_ Date due \_\_\_\_\_

3<sup>rd</sup> 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:

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## 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
- 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 social service agencies
- Any other documentation  
AHFC
- Past and present employers  
Dept. of Health and Social Services, Public Assistance
- Office of Children's Services  
Job Center/ Employment Specialists
- Medical Providers  
Kenai Peninsula Community Health Centers
- Kenaitze or other Alaska Native Social Service Organizations

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	End date
Spouse/Cotenant signature	Spouse/Cotenant name (printed)	Today's date	End date
Witness signature	Witness name (printed)	Today's date	End 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 assistance 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 Company, 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 decisions made by the landlord about you, the client.

\_\_\_\_\_  
Head of household Full name- print

\_\_\_\_\_  
Head of household Full name-print

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date