



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

**This Application is for assistance with rent and
utilities only.**

Please fill everything out completely

Last page is to be taken home with you.

Documents that you will need to bring to your appointment is on last page.



Love INC
Love In the Name of Christ



PEOPLE IN YOUR HOUSEHOLD Tell us about yourself and the people currently living in your home.

WHO ARE YOU (PLEASE PRINT NEATLY)

NAME (LAST, MIDDLE, FIRST)		Anyone a veteran yes/no	
HOME ADDRESS	CITY	STATE	ZIPCODE
MAILING ADDRESS	CITY	STATE	ZIPCODE
Home Phone	Cell Phone	MSG Phone	➡ Other names Known By

Sign Here	Date
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Household Members LAST FIRST	Relation (NR= not Related)	BIRTHDATE	LAST FOUR SOCIAL SECURITY #	SEX (M/F)	US CITIZEN (YES/NO)	Disabled Yes/no	RACE	ETHNIC GROUP
	Self							
	Spouse/ S. Other							

RACE: (YOU MAY SELECT MORE THAN ONE RACE) WH= white BL= Black or African American
AN = Alaska Native AI= American Indian AS= Asian O= Other

ETHNICITY: N= not Hispanic Y= Hispanic or Latino

Must bring social security cards for all persons, Picture ID for adults and custody papers (if this is an issue) for children.

Anyone temporarily living with you? **WHO:** _____

REASON: _____



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	Signature
_____	_____
Date	Date



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Income Part 1

Is anyone in your household employed? Yes No

<input type="checkbox"/> Full-time work	<input type="checkbox"/> Seasonal work	<input type="checkbox"/> Vacation Pay	<input type="checkbox"/> Contract Income	<input type="checkbox"/> PCA
<input type="checkbox"/> Part-time work	<input type="checkbox"/> Sick Pay	<input type="checkbox"/> Bonuses	<input type="checkbox"/> Other (day labor, working for family, etc)	

Household Members who work	Employer	Number of Hours worked per week	Hourly wage or salary	Amount paid this month	Estimated Amount next month	How often paid	Is this expected to change Yes / No

Has anyone in your household had a job end in the last 30 days? Yes No

If yes, who? _____ Reason _____

Do you or anyone in the household receive money from self-employment? Yes No

If yes, check all boxes that apply.

<input type="checkbox"/> B&B/ rent room	<input type="checkbox"/> Crafts/carving	<input type="checkbox"/> Odd jobs	<input type="checkbox"/> Taxi driving
<input type="checkbox"/> Carpenter	<input type="checkbox"/> Commercial fishing	<input type="checkbox"/> Repair person	<input type="checkbox"/> Trapping
<input type="checkbox"/> Child care/ Babysitting	<input type="checkbox"/> Sales Person	<input type="checkbox"/> Other: (explain) _____	

For all boxes checked above, please fill in below

Household member who is Self-employed	Type of business	Seasonal, Year-round	Business Income this month	Business Income next month	Business Expenses this month	Business Expenses next month



INCOME part 2

- ALIMONY Native Dividends Insurance Unemployment Benefits
 CHILD SUPPORT ATAP SSI/SSD Pension/Retirement Veterans Benefits
 FOSTER CARE AND ADOPTION PAYMENTS Permanent Fund Dividend Other _____

Who receives this Payment	Type of Payment	Amount this Month	Amount next month	How Often

Does anyone receive food stamps? YES NO How much? _____
 Medicaid/Medicare Yes No Denali Kid Care Yes No
 WIC YES NO Section 8 or other Rental Assistance Yes No
 Are you expecting income or employment to change in the next 2 months? Yes No

Explain: _____
 Do you or anyone in the household own property, home, cabin, mobile home, etc.? Yes No Who: _____

Explain: _____

BANK INFORMATION

Does anyone have a bank account? Yes No

Who	Bank Name	Account Name: Checking, Savings, Credit Card	How much currently in account? (bring in current bank Statement)



Household Expenses

EXPENSES	MONTHLY AMOUNT	INCLUDED WITH RENT YES/NO	PAST DUE	ASSISTANCE FROM ANY OTHER ORGANIZATION OR PERSONS	COMMENTS
RENT/MORTGAGE					
ELECTRICITY					
NATURAL GAS/ ENSTAR					
HEATING OIL					
PROPANE					
PHONE					
OTHER UTILITIES (WATER)					
CAR PAYMENT					
CAR INSURANCE					
AUTO FUEL (MONTHLY)					
MEDICATION					
LAUNDRY					
FOOD (IN ADDITION TO FOOD STAMPS)					
INTERNET					
CABLE/SATELLITE					
RENTER/HOME OWNERS INSURANCE					
CREDIT CARD					
CHILD SUPPORT					
OTHER					
OTHER					
TOTAL					



ATTENTION

Initial each line:

_____ Completion of this application is not a guarantee of services.

_____ These applications are based on priority, eligibility, and available funding.

_____ After receiving your application, we will contact you within three business days. We will do our best to meet this time line.

_____ We are not an emergency service.

_____ We will try to meet reasonable needs but we are funded through donations and grants.

We do have policies and procedures and we **cannot meet all needs**.

_____ **We will not accept incomplete applications**

_____ Please write neatly, and fill application out completely. If you need help with your application, please call.

What is the reason you are needing help? (Changes in your circumstances)

Illness/injury Loss of Job Living with friends and asked to leave Domestic Violence Legal issues

Loss of partner/roommate Non-payment of Child support reduced work hours in treatment

Benefits interrupted (i.e. SSI, VA, ATAP, FOOD STAMPS) New Job /pay delay substance abuse low wages/ fixed income

Theft victim car trouble or accident death in family released from jail/prison house repairs/ damage (including fire)

Moved to Alaska with insufficient funds Other _____



Primary Reason you are in need of help: Circle one that applies

- | | | | |
|-------------------------------------|-----------------|---|------------------------------|
| Illness/injury | Loss of job | Living with friend and asked to leave | |
| Domestic violence | Legal issues | Loss of partner/roommate | Non-payment of child support |
| Reduced work hours | in treatment | Benefits interrupted (i.e. SSI or VA) | New job/ pay check delay |
| ATAP delays/sanctions | Substance abuse | Low wages/fixed income | Death in family |
| Theft victim | | car trouble or accident | Released from jail/prison |
| House repairs (damage or destroyed) | | Moved to Alaska with insufficient funds | |
| Other _____ | | | |

HOMELESS PREVENTION AND PLACEMENT

WHAT IS YOUR PIMARY NEED? HOUSING PLACEMENT RENTAL ASSISTANCE EMERGENCY LODGING
 UTILITY ASSISTANCE SUPPORTIVE SERVICES

HOUSING STATUS: Imminently at risk of losing housing (rent arrearage) Unstably housed (utility arrearage)

IS CLIENT CHRONICALLY HOMELESS?

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

If you answered yes to all three questions mark here.

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 (no subsidy)
___ Own (with Subsidy) ___ Permanent housing ___ Non-habitable place ___ Rent (no subsidy) ___ Rent (w-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 ___ One year or longer

Zip code of last PERMANENT address: _____ or **CITY & STATE** _____

PERMANENT HOUSING/RENT/UTILITIES

WHAT IS YOUR NEED? ___ Permanent housing rent ___ Permanent housing rent deposit ___ 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 or application from AHFC.*

Have you found a place to live? ___ Yes ___ No Will they accept a section 8 or USDA voucher? ___ YES ___ NO

Apartment Name: _____ Address: _____

Landlord Name: _____ Landlord contact # _____

PERMANENT HOUSING/RENT/UTILITIES continued

Monthly rent: _____ If utility costs are built into rent, how much? _____

PREVENTION ASSISTANCE

Have you received an eviction notice? ___ Yes ___ No

Why? Please explain: _____

Name of Apartment: _____

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 apply for housing subsidy and provide LOVE INC with a copy of application/denial in order to receive rental assistance.

Have you received a shut off notice for utilities? Yes No

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.

SEE HAP BROCHURE FOR LIST OF DOCUMENTS NEEDED

How much do you have to contribute to this need? _____



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

For Love INC Personnel Only

Appointment time: _____

Date: _____

Gave them new address:

Gave them list of items to bring to appointment:

All documents provided: If not what is needed: _____

DENIED? YES NO IF DENIED, WAS A LETTER SENT?

Notes about client needs:

Required Documents

Client must sign the following Love

INC documents:

1. Release of Information— ALL adults (18 and older) living in household
2. Self Declaration of Income Form— ALL income for ALL adults (18 and older) living in household
3. Rent Reasonableness Form (Rent, Rent Deposit, Rent or Mortgage arrearage assistance)

Client must provide:

1. Picture ID for all adults 18 & over
2. Children Birth Certificate or Social Security Card
3. Proof of income— All income for All adults (18 and older) for 30 days prior to application.
4. Proof of future income that would provide sustainability
5. Unemployment & Food Stamp Documentation
6. Housing Subsidy Documentation or status of application (AHFC Voucher, VASH or USDA)
7. Rental Agreement / Mortgage Contract

Required Documents Cont.

Homeless Prevention:

1. Eviction / Foreclosure Notice (rent or mortgage arrearage)
2. Shut off notice and current statement for each utility request

Permanent Housing Placement:

1. Minimum six (6) month Rental Agreement
2. Security Deposit Agreement (If Love INC is providing the deposit)
3. Homeless Verification

Intakes are by appointment only

Eligibility Requirements:

Love INC uses HUD Guidelines for determining eligibility for Homeless Prevention & Placement Services.

- 1- You must be literally homeless or in imminent risk of becoming homeless
- 2- Have sustainable income or proof of future sustainable income

Services We May Provide

Emergency Lodging

Supportive services:

Shower & Laundry Vouchers

Certifications, Application fees

Transportation:

CARTS cards, * Gas cards, Taxi Tokens

* Valid drivers license, current registration & proof of insurance required

All services follow HAP requirements.

(Homeless Assistance & Prevention)

Budget Counseling Required

Fax (907) 262-5149

2016 Income Limits Summary

Persons in Family—Income \$

1- \$27,200	2- \$31,100	3- \$35,000
4- \$38,500	5- \$42,000	6- \$45,100
7- \$48,200	8- \$51,300	