



Love INC

Love In the Name of Christ

APPLICATION

WE REQUIRE AK ID OR LICENSE FOR ALL SERVICES

Physical: 44410 K-Beach Rd.
Soldotna, AK 99669

Mailing: PO BOX 3052
Kenai, AK 99611

Phone: Main line: 907-262-
Director: 907-262-

Fax 907-262-

*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

Neighbor In Need name: _____

Date: _____

Phone number: (____) _____

of adults: _____

of children: _____

Need 1: _____

Need 2: _____

Need 3: _____

Need 4: _____

On the lines below, fill out your circumstances and what it is your in need of help with. The more information we have the easier it will be to asses your need. We will do everything we can to help meet your need.

If you need more space continue on back of page.

Can we pray for you? _____

prayer need? _____

What Church do you attend? (if any) _____

Household Information

please print clearly

Name	Relation	Birthdate	Last 4 of SSN	Sex *M/F	US citizen *Y/N	Disabled? *Y/N	Vet? *Y/N
	Self						
	Spouse						

What is your Ethnic Group? Hispanic Non Hispanic

Is there anyone temporarily living with you? If so who and why? _____

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

What Voting District do you live in? _____ Do you want to register to vote? Y

Home Address: _____ City State

Mailing Address: _____ City State

Homeless? YES No How long? _____

Home Phone: () Message phone: ()

Do you own a car? Y N How many running: _____ car insurance? Y

Household Income

Please list all sources of income for all household members

Name	Type of income	Amount	Do you expect any changes to any incc
			<input type="checkbox"/> YES <input type="checkbox"/>

			explain: _____ _____ _____
TOTAL INCOME: _____			Do you receive food stamps? <input type="checkbox"/> YES <input type="checkbox"/> NO
			How much? \$ _____
			Do you receive WIC? <input type="checkbox"/> YES <input type="checkbox"/> NO

Do you receive Medicaid/Medicare? Y N

Have you applied for <input type="checkbox"/> Heating Assistance Benefit Amount? _____ <input type="checkbox"/> Electric Assistance Discount % amount? _____ <input type="checkbox"/> NONE OF THE ABOVE	Did you receive any part of the last PFD? how much? _____ How many? _____ If no why not? _____ _____ _____
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Monthly Expenses:

Please list all regular monthly expenses. For the housing section use figures for the NEW apartment not the one you are currently residing in. FILL IN ALL BLANKS. Put -0- or N/A if it does not apply to you.

Housing		Food/Household		Personal		Other
Rent	\$ _____	Food	\$ _____	Dr/Dentist	\$ _____	Rent to own
Electric	\$ _____	Nonfood grocery	\$ _____	Medications	\$ _____	Loans/CC
Gas/oil/heat	\$ _____	diapers	\$ _____	Dining out	\$ _____	Other: _____
Phone	\$ _____	laundry	\$ _____			_____
Cable	\$ _____	childcare	\$ _____			
Internet	\$ _____	car payment	\$ _____			
		gas	\$ _____			
		auto insurance	\$ _____			
						Total Bills \$ _____

Past due bills:

Rent	\$ _____	Gas/Oil/Heat	\$ _____	Cable	\$ _____	Total:
Electric	\$ _____	Phone	\$ _____	Other	\$ _____	\$ _____

Homeless Prevention and Placement

please fill out this form completely, put an N/A if the question doesn't apply

What is your primary need?		Housing Status:	
<input type="checkbox"/> Housing Placement	<input type="checkbox"/> Utility Assistance	<input type="checkbox"/> Imminently at risk of losing housing (rent arrears)	
<input type="checkbox"/> Rental Assistance	<input type="checkbox"/> Supportive Services	<input type="checkbox"/> Unstably Housed (utility arrears)	
<input type="checkbox"/> Emergency Lodging	<input type="checkbox"/> Deposits	<input type="checkbox"/> Homelessness	

Do you live in a place not meant for human habitation, a safe haven, or an emergency shelter? Y

Have you been homeless for at least 1 yr. or on 4 separate occasions in the past 3 years? Y

Do you have a substance abuse disorder, serious mental illness, developmental disability or chronic physical disorder? Y

Are you entering from the streets, or emergency housing? Y

If yes, approximately what date? _____/_____/_____

Regardless of where you stayed last night, how many times have you been on the streets or emergency housing in the past 3 years? **Circle one** 0 1 2 3 4 5 6 7 8 9 10 more than 10

What is your current living situation? _____

What was your prior living situation? **Circle one**

- | | | | |
|--------------------|--------------------|----------------------|------------|
| Emergency Shelter | Own | Non-habitable place | Don't know |
| Foster Care | Own (with subsidy) | With Friends | Refuse |
| Hospital | permanent housing | With Family | Other |
| Hotel (no subsidy) | Rent (w/subsidy) | Transitional Housing | |
| Jail | Rent (no subsidy) | Treatment | |

Length of stay? **Circle one** <1 week 1-4 weeks 1-3 Months 3-11 Months 1 Yr. >1

ZIP CODE OF LAST PERMANENT ADDRESS: _____ OR CITY AND STATE: _____

Reason you are in need of help: **circle only one that applies.** Other (not listed) _____

- | | | |
|------------------------------------|---------------------------|---------------------|
| Job Loss over 60 days | New job paycheck delay | Released from jail |
| Job loss under 60 days | non payment Child support | Low wages/fixed inc |
| Legal issues | Reduced work hours | Theft victim |
| treatment for substance abuse | Benefits interrupted | ATAP delay/sanction |
| living with friends asked to leave | Illness/injury | Death in the family |
| car trouble or accident | loss of partner/roommate | House repairs |

Are you a victim of Domestic Violence? Y N
How long ago? **Circle one** <=3 Months 3-6 Months >1 YEAR
are you currently fleeing? Y N

STAFF USE ONLY: IS NIN CHRONICALLY HOMELESS? Y N

Placement Assistance

If your need is help with, **Placement Rent, Rental Deposit, or Utility Deposit** complete questions below.

Do you have a section 8 voucher? Y N

if yes please provide documents showing how much your cost will be

Have you applied for USDA housing assistance Y N

if yes please provide documentation of application from AHFC

Have you found a place to live? Y N Do they except sec. 8 voucher? |

Apartment Name: _____ Address: _____

Landlord: _____ Phone: _____ Cost: \$ _

Rent Assistance

RENTAL AGREEMENT REQUIRED

Have you received an eviction notice? Y N

What is the reason you were served a notice? _____

Landlord? _____ Landlord phone: _____
monthly rent? \$ _____ utilities included? Y N what is your utility allowance?

Are you receiving subsidy? Y N How much are you required to pay? \$ _____
please provide housing documents **Must provide subsidy application/denial to receive assistance**

Who is your subsidy through? HFC USDA Kenaitze Other

Utility Assistance

You must provide a shut-off notice and bill for each utility need requested.

Have you received a shut off notice? Y N Date of Shut off? ___/___/___

utility name: _____ Account# _____ Amount: \$ _____ Due Date: ___/___

utility name: _____ Account# _____ Amount: \$ _____ Due Date: ___/___

utility name: _____ Account# _____ Amount: \$ _____ Due Date: ___/___

NOTE* We can only help with past-due utilities.

Emergency Lodging

If you are requesting emergency lodging please explain why on the lines below:

Supportive Services:

If you in need of anything other than those listed above please explain on the lines below:



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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:

- *ID/Drivers license
- *Police records an criminal history
- *Employment income
- *Income from any source
- *Agencies in regards to family size
- *Medical or child care allowances
- *Residences and rental history

Groups or Individuals that Love INC may Contact

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> *USDA-Aurora Vista *Past & present Landlords *Individuals providing references *Dept. of Health and Social Service *Job Center/Employment Specialists *Kenaitze | <ul style="list-style-type: none"> *Law Enforcement agencies *AK PFD agency *Private and Social Agencies *Past and Present Employer *Public Assistance *Utility Companies | <ul style="list-style-type: none"> *Alaska Housing Finance C *Medical Providers *Office of Children Service *Kenai Peninsula Health C *Other Alaska Native Soci *Payees, Trustees |
|--|---|---|

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.

H/O/H-Print _____ Sign _____ Date _____

S/O-Print _____ Sign _____ Date _____

Witness Print _____ Sign _____ Date _____



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LIST OF AGENCIES WORKING WITH YOUR FAMILY

Caseworker: _____

Voc Rehab: _____

Name

Name

Kenaitze: _____
Name

Disability Agency: _____
Name

Salvation Army: _____
Name

Other Agency: _____
Name

Statement of Truth

I/We acknowledge by signing this form we are agreeing we have read and understand the following statements and agree they are true to the best of our knowledge:

- *The information provided is true and correct
- *Giving false information/documentation is ground for termination of assistance
- *The information I provide is subject to verification
- *Any approved assistance will be paid directly to the landlord, property management, utility companies, ECT
- *Any deposit paid on the behalf of my/our household will be returned to Love INC
- *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.
- *Love INC is not Responsible for monthly payments to landlords or utility companies. I understand it is up to me to make my payments as scheduled.
- *Love INC will not interfere in any decision made buy the landlord about you, the client.

H/O/H print Sign Date

S/O Print Sign Date



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2-5165

2-5149

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