



Application for Assistance for Emergency Housing

Applicant full name: _____ Last 4 Digits SSN: _____

Date of Birth (mm/dd/yyyy): _____ Telephone: (____) _____ Town you live in: _____

Mailing address: _____ Email: _____

Applicant Gender	Applicant Race	Applicant Ethnicity
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	<input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

Other Household Members information:

First Name	Last Name	Date of Birth	Last 4 digits SSN

Please list who you have asked about providing shelter.

Please list friends, family, and shelters and the outcome of that contact *(may require verification)*

Contact	Date of contact	Friend, family, shelter, etc.	Phone number	Outcome of contact
1.				
2.				
3.				
4.				

Resources: List the amounts *anyone (including your children)* in your household has.

Type:	Amount:	Type:	Amount:
Cash	\$	Life insurance	\$
Help from others	\$	Sale of stocks/ mutual funds	\$
Checking accounts	\$	Bonds	\$
Savings accounts	\$	Other	\$

Income: List the amounts *anyone (including children)* in your household received in the last 30 days:

Income type	Amount received	Received by which household member
Wages from jobs <i>(Copies of paystubs for the last 30 days are required)</i>	\$	
Child support	\$	
General Assistance	\$	
Essential Person	\$	
SSI	\$	
Social Security Disability	\$	
Unemployment	\$	
Veteran's Benefits	\$	
Reach Up	\$	
Other: _____	\$	

PLEASE SIGN HERE – Unsigned applications will be denied.

I certify that the information in this application is complete and true to the best of my knowledge and belief. I realize that failure to give true and complete information regarding this application could lead to a fine or imprisonment or both. I understand it is my responsibility to provide verification the department needs to make an eligibility decision.

authorize the department to pursue information it needs to determine my eligibility.

Signature or Authorized

Representative's signature: _____ **Date:** _____