Pre-Application Form

Please note your completed application will be reviewed by a Community Support Staff Member. You will not be given an appointment today. If you are eligible for assistance a Case Manager will call you and schedule an appointment for assistance. If you are ineligible, a letter of denial will be sent to you in the mail.

The following are the steps to take in applying for assistance with the Community Support Program:

1. Fill out the application completely and accurately, provide information about everyone in your household. The information provided will serve as a screener to determine eligibility.
2. Please provide detailed income information for all household members. Income sources include earned income received from wages, salaries, commissions and unearned income. Unearned income includes:

|  |  |  |
| --- | --- | --- |
| Adoption Assistance | Rental Income | Training Payment |
| Alimony Payment | Retirement Pensions | Unemployment Compensation |
| Annuity Payments | Short-Term Disability Payments | Veteran’s Benefits |
| Child Support  Payments | Social Security Payments | Worker’s Compensation |
| Disability Payments | SSI |  |
| Long-Term Disability Payments | TANF |  |

1. We do not include Student Loans or Grants, Foster Care Payments, Tax Refunds, Adoption Supplement Payments, and funds received from family members or friends are not counted as income.
2. You must have income to qualify for assistance, please note your gross income must either be at or below the Federal Poverty guidelines set by the Federal Government.
3. Your income will be calculated by the gross income (income before taxes are taken out) listed on your application. If you are approved you will have to provide documentation of your income.
4. Please note if you have received assistance from our program in the past, you may not be eligible to receive assistance.
5. If you do not have an eviction notice for rent or disconnection notice for utility services, your application will be considered. You are eligible for assistance/You do not have to have a notice.
6. If you are more than 2 months behind on your mortgage, in bankruptcy, or enrolled in a Mortgage Modification Program, we cannot assist you with your mortgage.
7. If you receive Section 8 Housing or live in Public Housing and pay less than $200.00 in rent, you will not be eligible to receive assistance.
8. Please do not negotiate payment arrangements with your landlord or utility company based on assistance you may quality for with Clayton County CSA. We will work with you and your landlord and/or or utility company.

Clayton County Community Services Authority, Inc.

Community Support Services

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pre-Screening Form**

Please keep the first page for your records. Place your initials in the box next to each statement to verify that you have read and understood the statement.

Please provide detailed income information for all household members 18 years and older.

Income sources include **earned income** received from wages, salaries, commissions and **unearned income**, such as SSI, TANF, rental income, unemployment compensation. This is not an exhaustive list. The Community Support Staff Member will discuss the various sources of income needed to verify income during the screening process.

We do not include Student Loans or Grants, Foster Care Payments, Tax Refund. Adoption Supplement Payments, and funds received from family members or friends are not counted as income.

You must have income to qualify for assistant, please note your gross income must either be at or below 125% of the Federal Poverty guidelines set by the Federal Government.

Your income will be calculated by the gross income (income before taxes are taken out) listed on your application. If you are approved you will have to provide documentation of your income.

Please note if you have received assistance from our program in the past 12 months, you may not be eligible to receive assistance.

If you do not have an eviction notice for rent, or disconnection notice for utility services, your application may not be considered due to various guidelines set by various funding sources.

Our primary funding source **does require** that your rent is currently late, an eviction status, or a disconnection notice, at the time of completing the **Pre-Screening Form.**

To receive assistance, there must have been a crisis that caused a financial hardship. The crisis must **have happened within the last 60 days**

If you are more than 2 months behind on your rent or mortgage, in bankruptcy, or enrolled in a Mortgage Modification Program, we cannot assist you with your rent or mortgage.

If you received Section 8 Housing or live in Public Housing and pay less than $200.00 in rent, you will not be eligible to receive assistance.

Please do not verify assistance with your landlord, or utility company, based on completing an application with Clayton County CSA. You need to complete the process and be approved for assistance before the Case Manager can verify payment amount with your landlord, or make a pledge to the utility company.

Understand that even if Clayton CSA approves your application for assistance, it is the final decision of the landlord, or property Management Company, to accept the payment. They are not required to accept payment.

**I have read the above instructions/Guidelines.**

**Applicant’s Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicants Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home or Cell Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Apt. #**

**County : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Circle One: Are you a U.S. Citizen? YES or NO Permanent Resident? YES or NO Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you or any of your family members receive Medicaid? \_\_\_\_ Yes or \_\_\_NO Do you receive Section 8 or Public Housing? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Number in Household: \_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Household Members** | **Social Security Number** | **Birthdate** | **Age** | **Relationship to Head of Household** | **Race** | **Disabled?**  **Yes or No** | **Marital Status** |
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**\*\*\*Please Print Clearly\*\*\***

**Income: (please list income for all household members):**

|  |  |  |
| --- | --- | --- |
| **Household Member** | **Source of Income** | **Gross Monthly Income (before taxes)** |
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| **Case Manager Only**  **Case Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Denial Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR**  **Appt. Date:\_\_\_\_\_\_\_\_\_\_\_\_ Apt. Time:\_\_\_\_\_** |

|  |
| --- |
| **Receptionist Only**  **Income Information Provided:**  **\_\_\_\_ YES or \_\_\_\_NO** |

**Are you receiving any of the following benefits? (please list the amount received by all household members)**

**Benefit Amount Benefit Amount**

**Food Stamps $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Utility Check $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child Support $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Childcare Support $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Public Housing you pay $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section 8 Housing you pay $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Utility Check $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What are you seeking assistance with today? \_\_\_ Mortgage Assistance \_\_\_\_ Rental Assistance \_\_\_\_Electric Bill \_\_\_\_\_ Gas Bill \_\_\_\_ Water Bill**

**Rent:**

**How much is your base rent/mortgage? (not including utilities): $\_\_\_\_\_\_\_\_\_ How long have you lived here? \_\_\_**

**Is your rent/mortgage behind? \_\_Yes \_\_ No How far behind are you? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total amount of rent/mortgage owed? $\_\_\_\_\_\_\_When is the last time you made a payment? \_\_\_\_\_\_**

**If CSA commits to assist you and there is a remaining balance, you must be able to pay the remaining balance. For example, if your rent is $1000 and CSA commits $850, you must be able to pay the remaining $150 at the time the $850 is given to your Landlord or we must have a verbal/written agreement from the landlord.**

**Utilities:**

**Do you have a disconnection notice or are your services disconnected? \_\_\_\_ Yes \_\_\_ No**

**How much is your total utility bill? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Payment Date?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How much is needed to stop your disconnection or restore utility services? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Explain in detail why you need assistance:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**I certify that all information provided on the application is true and correct to the best of my knowledge. I am aware that this information is subject to review and verification and I may have to provide document to support. I am aware that I may be denied assistance if I am found ineligible. I am aware that I may be prosecuted if I have knowingly given false information in order to receive assistance. I am aware that completing this application does not guarantee that I will receive financial assistance. I allow release of information contained herein for the purpose of verification of my situation. I acknowledge that I received a copy of the Application Instructions/Guidelines.**

**Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Case Manager’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**