

Covid-19 Water Application Check-List

Clayton County Community Service Authority remains committed and dedicated to residence of Clayton County, amid the COVID-19 concerns and crisis at hand. As an agency our number one goal is to provide service as needed and available to all residences of Clayton and Fayette County to stand in the gap during this time of uncertainty we are facing. CSA, understand that you are counting on us to provide much needed services such as utilities assistance. We as an agency are implementing the following policies and procedures to accommodate as many clients as possible while funding is available. No EXCEPTIONS will be made and proper verification is REQUIRED. We will accept appointment applications via online not to exceed 20 every Thursday until further notice. Client must be in need and prove hardship as well as provide all necessary

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 appointment detailing required information needed to process your application. If you are ineligible, a letter of denial will be sent to you in the mail. All correspondence will be done via drop off services.

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.
3. Please provide all sources of Income- Income sources include earned income received from wages, salaries, commissions and unearned income. Unearned income includes unemployment and worker's compensation.
4. A copy of current water bill
5. Social Security Cards for all household members
6. All pages of Lease Agreement or Mortgage Statement.
7. ID for all household members 18 years and older.

Make sure all documents requested are included and with submission of application. Copies CAN NOT be made in office due to current health crisis at hand. Again please provide copies of all requested information for drop-off services ONLY every Thursday from 10:00 am till 1:30 pm



Clayton County Community Services Authority, Inc.

Community Support Services Application

PLEASE PRINT

Date of Application: _____

Applicant's Name: _____

Home Number: _____

Work Number: _____

Address: _____

Cell Number: _____

Street _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Are you a U.S. Citizen: (please circle one) US Penn Res. Other _____ Total Number in Family: _____

Household Members	Social Security Number	Birthdate	Age	Relationship to Head	Race	Disabled	Marital Status
				Applicant			

Income: (please list income for all household members)

Household Member	Source/Employer	Gross Monthly Income

For Office Use Only

Client Name: _____

Client ID: _____

Client Address: _____

Client Reason: _____

App. Date: _____ App. Time: _____



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Community Support Services Application

Do you or any of your family members receive Medicaid? Yes _____ No _____

Do you receive Section 8 Housing? _____ Yes _____ No

Do you live in Public Housing? _____ Yes _____ No

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

<u>Benefit</u>	<u>Amount</u>	<u>Benefit</u>	<u>Amount</u>
Fond Stamps	\$ _____	Utility Check	\$ _____
Child Support	\$ _____	Childcare	\$ _____
Public Housing you pay	\$ _____	Section 8 Housing	\$ _____
Other	\$ _____	Workmen's Comp.	\$ _____

What are you seeking assistance with today?

____ Mortgage Assistance ____ Rental Assistance ____ Electric Bill ____ Gas Bill ____ Water Bill

I. Explain in detail why you need assistance:

Rent:

How much is your base rent/mortgage?(not including utilities) _____

Is your rent/mortgage behind? _____ Yes _____ No

If so, how far behind is your rent/mortgage? _____

Total amount rent/mortgage owed: _____ When is the last time you made a payment? _____

Utilities:

Do you have a disconnection notice or are your services disconnected? _____ Yes _____ No

How much is your total utility bill? _____

How much is needed to stop your disconnection or restore utility services? _____

When is the last time you made a payment on your utility bill? _____

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 documentation to support it. 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/Supervisor's Initials _____ Date _____

