Document Requirements Eligibility Determination Appointment

You must have ALL of the following documents at the time of screening. If you do not have all the required documentation when you come, your application cannot be processed, and your application can be denied. Debe tener TODOS los siguientes documentos para su evaluación. Si no tiene toda la documentación requerida cuando venga, no se podrá procesar su aplicación y su solicitud podría ser rechazada.

Please bring/ Favor de traer:

☐ Proof of citizenship or legal residency of applicant. /Prueba de ciudadanía o residencia legal del solicitante.

Acceptable forms of proof include the following/ Formas aceptables de prueba son los siguientes:

☐ Birth Certificate for all family members. /Acta de nacimiento para todos los miembros de la familia

☐ Current U.S. Passport/ Pasaporte de los Estados Unidos vigente

☐ Letter from DES for SNAP/TANF approval /Carta de aprobación de SNAP/TANF del DES

☐ Identification card with picture of applicant. /Tarjeta de identificación con foto del solicitante.

Acceptable forms of proof include the following/ Formas aceptables de prueba son los siguientes:

☐ Driver’s License, ID card, consular card or elector card/ Licencia de manejar, tarjeta de identificación o matrícula consular o tarjeta de elector

☐ Current U.S. Passport/ Pasaporte vigente de los Estados Unidos

☐ Social Security Cards for ALL members of the household. Tarjetas de seguro social para todos los miembros de la familia.

OR

☐ DES Household printout /Verificación impresa del DES

☐ Proof of income for the last 30 days. /Comprobante de ingresos de los últimos treinta días.

Acceptable forms of proof include the following/ Formas aceptables de prueba incluyen los siguientes:

☐ Paycheck stubs /Talones de cheques de pago

☐ Complete bank statement /Estado de cuenta bancario completo

☐ Award letter from Social Security for SSI or SS /Carta de aprobación del Seguro Social para beneficiarios de SSI y SS

☐ Source phone number for all sources of income and all household members. /Número de teléfono para todas las fuentes de ingresos y todos los miembros de la familia

☐ All utility bills (gas, electric, water). /Facturas reciente de todos sus servicios (gas, agua, electricidad).

☐ Past due letter from rental or mortgage company. /Carta de retraso de pago de alquiler o hipoteca.

STATE MEDIAN INCOME GUIDELINES

Find the size of your household in the top row. If household total gross income for the 30 day period is at or below the amount in the second row, your household may be income eligible for assistance.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Days Income</td>
<td>1,959</td>
<td>2,256</td>
<td>3,165</td>
<td>3,768</td>
<td>4,371</td>
<td>4,974</td>
<td>5,087</td>
<td>5,428</td>
<td>5,981</td>
<td>6,533</td>
</tr>
</tbody>
</table>

Documents MUST be dropped off in person at the Care1st Avondale Resource Center Monday - Thursday 8am-4pm and Fridays 9am-11am at 328 W Western Avenue, Avondale, AZ 85323. If you have any questions, please call 623-33-2703

*Please Make Your Own Copies*

RECEIPT OF THIS FORM DOES NOT GUARANTEE AN APPOINTMENT OR ASSISTANCE. EL RECIBIR ESTE FORMULARIO NO GARANTIZA UNA CITA O ASISTENCIA.
**Acceptance of this form does not constitute a guarantee of assistance.**

***Per Arizona law, you must provide proof of legal residency in order to receive some of our services.***

Name: ___________________________ Date: ___________________________

Address: ____________________________________________________________

Street Number: ___________________________ City: ______________________

Daytime Phone: ___________________________ Alternate Phone: ____________

Living Arrangement/Dwelling: __House ___Mobile Home ___Apartment ___N/A ___Other

IS ANYONE IN THE HOUSEHOLD A VETERAN OR IN ACTIVE DUTY? NAME(S) ___________________________

Email: ___________________________

Please complete the following with information about your household

<table>
<thead>
<tr>
<th>Social Security #</th>
<th>Name First, Middle, Last</th>
<th>Gender</th>
<th>Birth Date</th>
<th>Home-bound</th>
<th>Disable</th>
<th>Health ins</th>
<th>Education K-8th</th>
<th>GED</th>
<th>College</th>
<th>Marital Status</th>
<th>Language</th>
<th>Citizenship</th>
<th>Ethnic</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Applicant</td>
<td>M F</td>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>2. Household Member</td>
<td>M F</td>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<td>3. Household Member</td>
<td>M F</td>
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<td>Y</td>
<td>N</td>
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<td>4. Household Member</td>
<td>M F</td>
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<td>Y</td>
<td>N</td>
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<td>5. Household Member</td>
<td>M F</td>
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<td>6. Household Member</td>
<td>M F</td>
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<td>Y</td>
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<td>7. Household Member</td>
<td>M F</td>
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<td>Y</td>
<td>N</td>
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</table>

Marital Status:
1. Married
2. Separated
3. Never Married
4. Divorced
5. Widowed

Language:
1. English
2. Spanish with English
3. Spanish without English
4. Native American with English
5. Native American without English
6. Other

Citizenship:
1. US Born or Naturalized
2. Eligible Legal Residents

Ethnicity:
1. Hispanic or Latino
2. Not Hispanic or Latino

Race:
1. American Indian/Alaskan Native
2. Asian
3. Black/African American
4. Native Hawaiian/Pacific Islander
5. White
6. American Indian/Alaskan Native and White
7. Asian and White
8. Black African American and White
9. American Indian/Alaskan/Black
10. Other Multi-Racial
Family Type:
- Single Parent/Female
- Single Parent/Male
- Two Parent household
- Single Person
- Two Adults (no minor children)
- Other

Housing Type:
- Rent
- Own
- Homeless
- Other

Do you receive Food Stamps? __YES__ NO

Have you been Laid off in the last 5 years? __YES__ NO

Do you have a SHUT OFF NOTICE? __YES__ NO
If yes, when will it be shut off? (date): ________________

What assistance are you requesting today?
- Utility (electric, gas)
- Utility Deposit

Have you received prior services in the last 12 months from the Avondale Community Action Program? __YES__ NO

INCOME INFORMATION

<table>
<thead>
<tr>
<th>Name of Household Member with Income</th>
<th>List name of source of income (Employer, DES Cash, Unemployment Ins., etc.)</th>
<th>Phone Number (Of source of income)</th>
<th>Frequency (Weekly, Monthly, Bi-weekly)</th>
<th>Day of Week Income Received (Mon., Tues, etc.)</th>
<th>Total Gross Income in the Last 30 days</th>
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</table>

The information provided above DOES NOT determine eligibility or financial assistance; this form is used solely to gather information.

I certify that the above information is true and correct to the best of my knowledge. I further understand that all information will be verified by Social Services Staff and that it is my responsibility to provide said verification/documentation.

Applicant’s Signature ____________________________ Date ____________________________