

Payson Office:
 107 W. Frontier Street, Suite C
 Payson, AZ 85541
 Phone: 928-474-7192
 Fax: 928-468-8056

Globe Office
 5515 S. Apache Ave, Suite 200
 Globe, AZ 85501
 Phone: 928-425-7631
 Fax: 928-425-9468

In order to expedite services – please complete all information requested on this form and return it to the C.A.P. office. Your actual service appointment will be scheduled based on openings. Completing this form does not guarantee an appointment or assistance.

Name: _____
 Residential Address: _____ City, State Zip Code: _____
 Mailing Address: _____ City, State Zip Code: _____
 Phone#: _____ Cell#: _____ Message # _____

(PLEASE PRINT) Starting with yourself, list EVERYONE who lives in your house. This application must be complete to process.

BE SURE TO LIST EVERYONE IN THE HOME			Sex: M or F	Relationship to you	Social Security Number	Age	Date of Birth	Race/Ethnicity	Veteran: Y or N	Disabled: Y or N	Medical Insurance type: AHCCCS, Private, VA or None	Education: Diploma, GED, Degree or put the last grade completed
Last	First	Middle Int.										
				SELF								

Have you ever received assistance from C.A.P in Gila County? Yes _____ No _____ If yes, what year were you assisted? _____
 Do you receive Food Stamps? Yes _____ No _____ Have you received Food Stamps in the last six months? Yes _____ No _____
 What do you need assistance with? Rent _____ Mortgage _____ Electric _____ Gas _____ Propane _____ Other _____

Do you have a rent eviction notice, late notice for rent, or foreclosure notice? Yes _____ No _____ If yes, what date? _____

Type of residence: Mobile Home _____ House _____ Apartment _____ Other, explain _____

Do you have a shut off notice from a utility company? Yes _____ No _____ Electric _____ Gas _____ Other _____ Disconnect Date: _____

Why have you been unable to pay your household expenses? **(Please be specific)** _____

Marital Status: Never Married _____ Married _____ Separated _____ Divorced _____ Widowed _____

Are you currently working: Yes _____ No _____ If yes, where and how many hours a week do you work? _____

Sources of income (example: Wages, Social Security/SSI, Unemployment, Child Support, Alimony, Pension, V.A., Cash Assistance, etc.) : **LIST ALL INCOME SOURCES AND GROSS AMOUNT RECEIVED EACH MONTH:** _____

Signature: _____ **Date:** _____

OVER

PLEASE COMPLETE THIS BUDGET FORM

EXPENSES	AVERAGE MONTHLY AMOUNT	SPECIAL NOTES
Electric		
Natural Gas		
Propane		
Wood		
Rent Payment		
Mortgage Payment		
Taxes on Home		
Insurance on Home/Rental		
Food (not including Food Stamps)		
Personal (soap, paper products, etc.)		
Clothing		
Vehicle Payment		
Vehicle Insurance		
Vehicle Gasoline		
Phone (home and/or cell)		
Water		
Medical/Dental		
Credit Cards		
Sewer/Garbage		
Child Care		
Education		
Gifts and donations		
Recreation/Entertainment		
Tobacco/Alcohol		
Cable/Internet		
Other ()		
Total Expenses Each Month		
Total Gross Income Last 30 Days		
Minus Payroll Deductions		
Net Income Last 30 Days		

Total gross income for the last 30 days from ALL sources above for everyone in the household (before deductions)

Date you came to Arizona (month/day/year): _____ Date you moved to Gila County (month/day/year): _____

Is anyone in the household disabled? Yes _____ No _____ If yes, who? _____

Do you live in subsidized housing? (HUD Housing, Section 8, etc.) Yes _____ No _____ If yes, how long? _____

Do you rent your home? Yes _____ No _____ Do you own/buying your home? Yes _____ No _____

What source of utilities does your household use: APS (Electric) _____ Propane _____ SemStream _____ Southwest Gas _____
 San Carlos Irrigation _____ Natural Gas _____ Other _____