

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 CAP office. Your actual service appointment will be scheduled based on openings. **Completing this form does not guarantee an appointment or assistance.**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 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 residence. This application must be complete to process.**

BE SURE TO LIST EVERYONE IN THE HOME			Sex: M or F	Relation- ship 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? \_\_\_\_\_

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

I authorize Gila County Community Action/Housing Services (CAHS) to contact any source necessary to establish the accuracy of the information on this form. CAHS will use the information only in the administration of any assistance. CAHS will not release this information to any person or agency outside of CAHS or its agents. Under penalty of perjury and acknowledged by my signature below, I swear and affirm that all information on this form is true and correct to the best of my knowledge.

**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 (before deductions) for the last 30 days from ALL sources for everyone in the household**

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? \_\_\_\_\_

Type of residence: Mobile Home \_\_\_\_\_ House \_\_\_\_\_ Apartment \_\_\_\_\_ Other, explain \_\_\_\_\_

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 \_\_\_\_\_