

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 _____

GILA COUNTY COMMUNITY ACTION PROGRAM

107 W. Frontier St, Suite C

Payson, AZ 85541

Phone: (928) 474-7192 Fax: (928) 468-8056

5515 S. Apache Ave, Suite 200

Globe, AZ 85501

Phone: (928) 425-7631 Fax: (928) 425-9468

PLEASE TEAR OFF AND KEEP THIS PAGE

Additional information that may be required in order to receive services from CAP:

1.	State issued birth certificate or passport for applicant only. This is a FEDERAL LAW requirement. If you do not have one of these documents for the head of the household, services may be denied.
2.	Photo ID of applicant.
3.	Social Security card(s) for everyone in the household.
4.	A letter from the applicant explaining the crisis: <u>briefly</u> explain what put you in this position and how you will be able to meet your future obligations.
5.	Verification of ALL household income for the last 30 days, including the day of application. (Wages, pay/check stubs, odd jobs, award letters, child support, unemployment insurance, SS, SSI, SSD, etc.).
6.	Nutrition Assistance (Food Stamps) verification. Provide the most recent letter from DES/FAA showing the benefit amount. Or, you can go online to www.AZMyFamilyBenefits.gov and provide a printout of the benefits. If you are not able to go online, speak to the CAP case worker. DES/FAA will NOT provide printouts.
7.	Applicant's most RECENT electric and gas/propane bills. For deposit assistance, provide a document from the utility company that gives the account number and amount.
8.	Proof of rental or home ownership (rental agreement or mortgage payment and proof of monthly amount due). The amount due must list each charge separately.
9.	Eviction notice or warning of landlord's intent to evict, reason of eviction, amount due and number of months owed. The amount due must list each charge separately.
10.	Verification of recent loss of income: last day worked, date and gross amount of last 30 days of pay.
11.	Verification of how the household has been existing for the last 30 days without income.
12.	Statement from new employer verifying: first day of employment, rate of pay, average number of hours expected to work per week, expected date of first pay, and pay schedule.
13.	DES/Job Services activity report.
14.	Written statement from doctor for non-work status.
15.	Other: _____

NOTIFICATION

**BE SURE TO BRING
ALL INFORMATION
TO YOUR
APPOINTMENT.**

If you are missing any documentation, you will need to re-schedule to the next available appointment. You will take the risk that assistance may not be available by that time since funding has been reduced.