



APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code County*

Phone: _____ Email: _____

REQUIRED INFORMATION

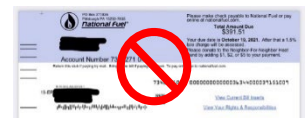
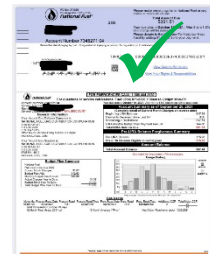
What are you applying for?

- Rent: Amount: _____
- Mortgage: Amount: _____
- Electric: Amount: _____
- Gas: Amount: _____
- Water: Amount: _____
- Sewer: Amount: _____
- Garbage: Amount: _____
- Property Taxes: Amount: _____
- Other: Amount: _____
- Pest Eradication: Amount: _____

Total Amount you are applying for: _____

Provide the following documents

- Lease **AND** Letter from Landlord
- W9 Form filled out by your landlord
- Mortgage Statement
- Full Copy of Bill
- Full Copy of Bill
- Full Copy of Bill
- Full Copy of Bill
- Full Copy of Bill
- Full Copy of Bill
- Full Copy of Bill
- Full Copy of Bill
- Quote from exterminator



Do not submit application until you have all the above documents and can submit everything together.

HOUSEHOLD INFORMATION

**Please provide proof of Income for all adults (18 yrs.+) in the household

How many adults in the household: _____

How many children in the household: _____

Adult 1:

Please provide the following proof of income

- W2 from all jobs or 4 consecutive pay stubs from all jobs
- SSI or SSD Award letter
- Welfare award letter (SNAP, Cash Assistance)
- Child Support
- Any other household income

Adult 2:

Please provide the following proof of income

- W2 from all jobs or 4 consecutive pay stubs from all jobs
- SSI or SSD Award letter
- Welfare award letter (SNAP, Cash Assistance)
- Child Support
- Any other household income

ADDITIONAL INFORMATION

We want to hear your story: How would this grant help you? What circumstances led you to this hardship?

Who are your PAS Supervisor(s): _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application will result in the loss of my ability to apply for assistance in the future.

If this grant application is approved, I agree to participate in a budgeting program, when available, so that I may obtain the tools and knowledge needed to assist me in the future.

Signature: _____ Date: _____

FOR INTERNAL USE ONLY

Zip Code _____

50% MAI

75% MAI

Proof of Income Provided for all other adults in household

Provided Full copy of (updated lease, mortgage statement, utility bill, or extermination quote)

Application was approved and awarded amount to be paid is: \$ _____