



To be eligible for this program, your household income must be less than \$59,396 annually.

APPLICANT INFORMATION

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code County

Phone: _____ Email: _____

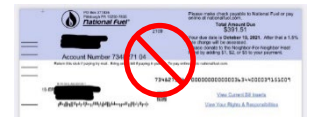
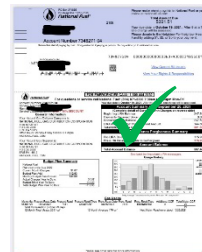
REQUIRED INFORMATION

What are you applying for?

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

Provide the following document(s) that apply to your request:

- Lease **OR** Letter from Landlord if there is a past-due amount owed. The letter must include the past-due dollar amount.
- W9 form filled out by your Landlord
- Mortgage statement
- Vehicle registration showing proof of vehicle ownership
- Full copy of bill(s)



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.

Signature: _____

Date: _____

FOR INTERNAL USE ONLY

Zip Code _____ Below 50% MAI 50-75% MAI Below 100% MAI

Proof of income provided for all other adults in household

Provided full copies of required documentation

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