

CSBG-INTAKE FORM

Please circle the need (s) of client: Rent Mortgage Utilities

Name _____

Social Security No. _____ Date of Birth _____ / _____ / _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Home _____ Cell _____

List all persons living in household

Name _____ SSN _____ / _____ / _____ DOB _____ M/F _____

Name _____ SSN _____ / _____ / _____ DOB _____ M/F _____

Name _____ SSN _____ / _____ / _____ DOB _____ M/F _____

Name _____ SSN _____ / _____ / _____ DOB _____ M/F _____

Name _____ SSN _____ / _____ / _____ DOB _____ M/F _____

Name _____ SSN _____ / _____ / _____ DOB _____ M/F _____

Ethnicity: Hispanic, Latino or Spanish origins _____ OR Non-Hispanic, Latino or Spanish origins _____

Race: American Indian/Alaskan, Asian, Black/African-American, White, Native Hawaiian, other _____

House Type: Single Par. Female Single Par. Male Single Person. Two Parent, Couple Multi-Generational

Are you a Veteran _____ Do you receive food stamps? _____ Highest level of Education _____

Do you have medical insurance _____ Who is your provider? _____

Do you pay medical/dental/vision benefits _____ Do you pay child support? _____

Do you rent or own your home _____ Do you live in subsidized housing? _____

Please list and attach all sources of income in your household for the past 30 days for all members over 18 (i.e. wages, child support, utility allowance, etc.): We must have a hard copy (Paper document) _____

Have you received other utility/housing services/payments from Community Action Akron Summit? (Landlord or Tenant)

No Yes If yes, what program _____ Date Received _____

Have you received other utility/housing services/payments from another agency? (Landlord or Tenant)

No Yes If yes, what program _____ Date Received _____

If you rent, please provide your landlord information below:

Name/Organization _____

Address _____

Phone number _____ Email _____

Gas acc# _____ Electric acc# _____ Water acc# _____

Client Signature

Date

Intake Initial

I understand that:

- From the initial date an Agency Staff contacts me, I have **10 business days** to return all requested documentation or my application will **no longer** be considered for assistance
- Households who have a **delinquent property tax balance after receiving assistance** from this program **will be required to enter into a payment plan** with Summit County Tax office for the remaining balance.
- **Mustard Seed Development Corp** will contact you to regarding the payment plan.
- If application is approved, payments may take **up to 6 weeks from the approval date** to post to accounts
- **Assistance will be based on funding availability**

Print Name: _____

Date: _____

Signature: _____

Third Party Release of Information Authorization Form

By signing this form, I _____, hereby consent to
Community Action Akron Summit disclosing information provided to any party that
may be able to assist me during this financial hardship.

X _____

Print Name

X _____

Signature

Date

Self-Declaration of Income Worksheet

If you have no other way to document your income, please complete all sections below. An incomplete worksheet may delay the processing of your application.

Monetary Support section:

If you are receiving help paying your bills and/or expenses from a non-household member(s), include assigned and dated statement from that person(s) that has their name(s), address, and phone number(s). The statement must show how much money is provided, how often, and if the money is given to you or paid directly to your creditors.

Does your household receive any of the following?	Yes or No	Amount
Supplemental Nutrition Assistance Program (SNAP)		\$
Temporary Assistance for Needy Families (TANF)		\$
Rental Assistance (i.e., Section 8, HUD, Metropolitan Housing)		\$
Utility Allowance (HUD) – Please note if this is paid directly to the utility companies		\$

Explain how the following expenses are paid (Select N/A for any that do not apply):

Bill	Monthly Amount	Gift/Loan (if Other, please explain)		
Rent/Mortgage	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Food	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Gas	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Electric	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Phone/Cell	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Car Payment/Insurance	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Cable/Internet	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Personal Expenses	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Bulk Fuels (i.e., propane, fuel oil/coal)	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Other Expenses	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:

Income Comments Section:

By signing below, I declare under penalty of perjury that the information submitted on this worksheet is true and correct.

Signature: _____

Date: _____

**LIST OF REQUIRED DOCUMENTS FOR
DELINQUENT PROPERTY TAX ASSISTANCE
PROGRAM:**

**RETURN ALL COMPLETED FORMS
PROOF OF INCOME FOR THE LAST 30 DAYS.
(IF SELF-EMPLOYED PROOF FOR THE LAST
YEAR IS REQUIRED)
PROOF OF CITIZENSHIP: EITHER SOCIAL
SECURITY CARD OR BIRTH CERTIFICATE**