

Cattaraugus County

Department of Economic Development, Planning & Tourism

Crystal J. Abers, Director

MHRI APPLICATION PACKET

Dear MHRI Applicant;

Thank you for your interest in the Mobile Home Replacement Initiative. Please find attached the application and document checklist that is required. All documents and the completed application need to be mailed or emailed **NO LATER THAN April 28, 2023 by 3:00 pm**

Cattaraugus County EDPT
303 Court Streets, 2nd Floor
Little Valley NY, 14755
c/o Kate O'Stricker
MHRI APPLICATION
kmostricker@cattco.org

Please carefully review the eligibility requirements-

- 1) You need to be a Cattaraugus County Resident.
2) You must own both the home and the property, with the deed in your name.
3) All property taxes need to be paid up to date.
4) There cannot be a lien or a mortgage on the property
5) There has to be homeowner's insurance on the property
6) The home can not be located in a 100 year flood zone
5) Applicant must be income eligible (see below)

The following table describes the income levels.

Table with 9 columns: # in Household, 1, 2, 3, 4, 5, 6, 7, 8. Row 1: 60% AMI, 32220, \$36840, \$41460, \$46020, \$49740, \$53400, \$57120, \$60780

If you have any questions, contact Kate O'Stricker at 716-938-2320 or kmostricker@cattco.org. We look forward to your application!

Sincerely,

Crystal Abers, Director
Cattaraugus County Department of Economic Development, Planning & Tourism



Naturally Yours

303 Court St., Little Valley, NY 14755 \*\* Phone: (716) 938-2242 \*\* Fax: (716) 938-2779 \*\* Web Site: www.EnchantedMountains.com

CATTARAUGUS COUNTY MANUFACTURED HOME REPLACEMENT PROGRAM

ARE YOU QUALIFIED

Cattaraugus County in collaboration with Cattaraugus Community Action has received a grant from the NY State Homes & Community Renewal to replace dilapidated mobile homes in Cattaraugus County. To be eligible, you need to answer **YES** to all **THREE** questions.

- 1) Are you a resident of Cattaraugus County? YES/NO
  
- 2) Are you the owner of both the home and the property, with the deed in your name?  
YES/NO
  
- 3) Do you meet the income eligibility (see below) YES/NO

**Income eligibility is based on the Average Median Income (AMI). To income qualify for the Housing Opportunities Program; applicants/households must be at or below 60% AMI.**

The following table describes the income levels.

# in Household	1	2	3	4	5	6	7	8
60% AMI	\$32220	\$36840	\$41460	\$46020	\$49740	\$53400	\$57120	\$60780

The **Application** and **Checklist** documents need to be returned by either mail or email to the Cattaraugus County Department of Economic Development, Planning and Tourism **no later than April 28, 2023 at 3PM**. The LOTTERY will be held on May 3rd 2023

**Mail:** Cattaraugus County EDPT  
303 Court Street, 2<sup>nd</sup> Floor  
Little Valley NY, 14755  
c/o Kate O’Stricker-  
MHRI

**EMAIL:** kmostricker@cattco.org



Cattaraugus Community Action, Inc.  
25 Jefferson Street, Salamanca, New York 14779-1700  
Phone • 716 • 945 • 1041 Fax • 716 • 945 • 1301  
[www.ccaction.org](http://www.ccaction.org)

The Manufactured Housing Replacement Program is made possible through various grants awarded to Cattaraugus County and Cattaraugus Community Action, Inc. **These grants require that a Note & Mortgage (lien) be filed with your county, and that this address is your permanent residence during the time period on the Note & Mortgage, the lien period will be ten (10) years depending on grant program and amount of grant provided.**

The following is a checklist of everything needed for the verification process

- \_\_\_\_\_ CCA Intake Forms for all Household Members and Emergency Needs Assessment Form
- \_\_\_\_\_ Signed Release of Information form
- \_\_\_\_\_ Social Security Numbers for all Household Member
- \_\_\_\_\_ Copy of Deed (full deed showing transfer from previous owner and legal description of property)
- \_\_\_\_\_ Proof of all income in the household - including last 4 paychecks, SSI benefit statement, unemployment payment history, child support, etc.
- \_\_\_\_\_ Zero Income or Unusually Low-Income Worksheet (if applicant/co-applicant have no income)
- \_\_\_\_\_ Most recently paid Property Tax Receipts for property, school, village/city, etc.
- \_\_\_\_\_ Proof of paid Homeowner's Insurance (top/front page)

**\*If you do not currently have homeowner's insurance you must provide proof from an insurance company stating they will provide insurance once improvements are made to your home.**

- \_\_\_\_\_ Three (3) Consecutive months of Bank Statements Checking/Savings
- \_\_\_\_\_ Banks Assets and Income Verification Form (to be filled out by bank)
- \_\_\_\_\_ Signed Model Release Form

**ANY INCOMPLETE APPLICATIONS, OR APPLICATIONS LACKING THESE DOCUMENTS WILL BE REGARDED AS AN INQUIRY AND WILL NOT BE CONSIDERED. PLEASE RETURN COMPLETE APPLICATION AND ALL DOCUMENTS AS QUICKLY AS POSSIBLE, DELAYS MAY EFFECT YOUR ABILITY TO OBTAIN HELP.**

**APPLICATION**

**\* If application is not completed entirely, it will be considered an inquiry and no further processing will occur.**

Applicant's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Township: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Is this your primary residence? \_\_\_\_\_ How long have you owned & occupied the property? \_\_\_\_\_

Type: Single Family \_\_\_\_\_ Mobile Home \_\_\_\_\_ Age of home \_\_\_\_\_

**Debt Information:**

Is there a mortgage on the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are the payments current? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you current with all Homeowners Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Household Member Information:**

<u>Names</u>	<u>Date of Birth</u>	<u>Relationship</u>
1. _____	_____	Self _____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

List current Household Income or Benefits

<u>Family Member</u>	<u>Wages/salary</u>	<u>Benefit/Pension</u>	<u>Public Assistance or SSI, SSD</u>	<u>Other (Child Support, etc.)</u>
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

**OTHER ASSETS**

Other assets are cash or non-cash items that can be converted to cash: Checking Accounts, Savings Accounts, Stocks, Bonds, Real Property, and Investments.

Bank Name \_\_\_\_\_ Bank Phone Number \_\_\_\_\_  
 Bank Address \_\_\_\_\_ Bank Fax Number \_\_\_\_\_

<u>Household member</u>	<u>Asset description</u>	<u>Current Cash Value</u>	<u>Annual Asset Income/Interest</u>
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**Are you related to, engaged in business with, or have any ties to the following, which may be considered a conflict of interest:**

- Any board member of Cattaraugus Community Action, Inc. \_\_\_\_\_ YES \_\_\_\_\_ NO
- Any employee of Cattaraugus Community Action, Inc. \_\_\_\_\_ YES \_\_\_\_\_ NO
- Any employee or government official of the town/Village/County you reside in \_\_\_\_\_ YES \_\_\_\_\_ NO
- Have you and/ or co-applicant ever applied for a Housing Grant from **ANY** other Housing Agency?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, what agency? \_\_\_\_\_

If received, when? \_\_\_\_\_

What was the amount of the grant and regulatory period? \_\_\_\_\_

Describe the repairs that you feel are needed for your home: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved/Disapproved by:

CCA Employee: \_\_\_\_\_ Date: \_\_\_\_\_

If disapproved list reason: \_\_\_\_\_

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, give my permission for Cattaraugus Community Action, Inc. to obtain from/release to the following information on my household members and myself.

The following providers may share information relating to:

\_\_\_\_\_  
\_\_\_\_\_

It is my understanding that this information is to be used for the following reasons:

\_\_\_\_\_

**PERSON/ORGANIZATION/FACILITY/PROGRAM:**

- |  |   |
|--|---|
| <input type="checkbox"/> Department of Social Services             | <input type="checkbox"/> Southern Tier Legal Services   |
| <input type="checkbox"/> Council on Alcoholism and Substance Abuse | <input type="checkbox"/> Office of Community Services   |
| <input type="checkbox"/> Adult Protective Services                 | <input type="checkbox"/> Child Protection/Child Welfare |
| <input type="checkbox"/> Landlord/Provider of Housing              | <input type="checkbox"/> Utility Company: _____         |
| <input type="checkbox"/> Other: _____                              |   |

I have been told that in order to protect the confidentiality of my records, my agreement to obtain or release information is necessary, and that this permission is limited for the purpose of advocacy on my behalf. This consent automatically expires 12 months from the date of signing. This consent may be revoked at any time, in writing, except when the information has already been released. I further understand that relevant information may be shared between programs at Cattaraugus Community Action in order to comprehensively meet my needs, unless specifically prohibited in writing. Employees of CCA are mandated reporters and have a duty to warn in the event that they believe that I may do harm to myself or others.

\_\_\_\_\_  
Customer Signature Date

\_\_\_\_\_  
CCA Employee Signature Date

**REVOCATION OF AUTHORIZATION TO RELEASE INFORMATION**

I hereby revoke my authorization to use/disclose information indicated above, to the Person/Organization/Facility/Program whose name is:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Customer Signature Date

\_\_\_\_\_  
CCA Employee Signature Date

**Bank Assets and Income Verification**  
(take to your bank for them to fill out, return to CCA)

Bank: \_\_\_\_\_

\_\_\_\_\_  
Name Social Security Number Date of Birth

\_\_\_\_\_  
Address City State Zip Code

The individual named above is an applicant for the Home Improvement Program, which requires annual verification for family income and other information related to eligibility. We would appreciate your prompt response. Please return the completed form to the applicant or email to [ksciortino@cction.org](mailto:ksciortino@cction.org). If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Karie Sciortino

Phone: 716-945-1041, extension 601 or Fax: 716-945-1301

Checking Account: # \_\_\_\_\_  
Average Monthly Balance for last 6 months: \$ \_\_\_\_\_

Interest Rate Earned: \_\_\_\_\_ %

Savings Account: # \_\_\_\_\_  
Current Balance: \$ \_\_\_\_\_

Interest Rate Earned: \_\_\_\_\_ %

Certificate of Deposit: # \_\_\_\_\_  
Value: \$ \_\_\_\_\_

Interest Rate Earned: \_\_\_\_\_ %

Other: Value: # \_\_\_\_\_  
Value: \$ \_\_\_\_\_

Interest Rate Earned: \_\_\_\_\_ %

\_\_\_\_\_  
Signature of Authorized Official Date

\_\_\_\_\_  
Title Name of Bank

\_\_\_\_\_  
Telephone Fax Number

**MODEL RELEASE**

I, \_\_\_\_\_ (print subject's name), give to Cattaraugus Community Action ("CCA"), the unrestricted right to use, for any lawful purpose, any photographs taken of me or my home by CCA, and to use my name in connection therewith if it so chooses.

I release and discharge CCA from any and all claims or causes of action arising from the use of such photographs, including without limitation claims for libel or invasion of privacy.

I am eighteen years of age or older.\*

I have read this release and understand its contents. This release is binding upon me and my heirs.

**Dated:**

**Witness:** \_\_\_\_\_  
Cattaraugus Community Action

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

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

*Consent (if applicable)*

I am the parent or guardian of the minor named above and have the legal authority to execute this release, which I have read and fully understand. This release is binding upon me and my heirs.

**Dated:**

**Witness:** \_\_\_\_\_  
Cattaraugus Community Action

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

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

\*Strike out this sentence if the subject is a minor. The parent or guardian must then sign the consent.



# ZERO INCOME OR UNUSUALLY LOW-INCOME WORKSHEET

I, \_\_\_\_\_, have had no source of income since \_\_\_\_\_. (Date)

- Date of Last Employment \_\_\_\_\_
- Place of Last Employment \_\_\_\_\_
- Reason for Leaving \_\_\_\_\_
- Have you applied for or are you receiving unemployment insurance benefits? \_\_\_\_\_

**Explain how your basic necessities have been provided. Documentation may be required.**

1. Food – How are you able to buy food or obtain meals?

2. Non- Food Items – How are you able to buy non-food items, such as toilet paper, deodorant, soap, clothing, etc?

When did you last buy these items? \_\_\_\_\_

Where did you get the money to buy these items? \_\_\_\_\_

3. Shelter – Have you paid your rent or mortgage payment? \_\_\_\_\_

If not, how many months has the rent or mortgage gone unpaid? \_\_\_\_\_

If you did pay your rent or mortgage, where did you get the money? \_\_\_\_\_

4. Utility and/or Heat Bill

Have you paid your utility and/or heat bill? \_\_\_\_\_

If not, how much do you owe? \_\_\_\_\_

If you did pay your utility and/or heat bill, where did you get the money? \_\_\_\_\_

5. Car/Transportation

How did you get to this office? \_\_\_\_\_

If appropriate, where did you get the money for gas, bus, etc? \_\_\_\_\_

I certify that the information contained on this Worksheet is accurate and true to the best of my knowledge.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Employees Signature \_\_\_\_\_ Date \_\_\_\_\_



Cattaraugus Community Action, Inc.  
25 Jefferson Street, Salamanca, New York 14779-1700  
Phone • 716 • 945 • 1041 Fax • 716 • 945 • 1301  
www.ccaction.org

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Co-Applicant's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ Township: \_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Is this your primary residence? \_\_\_\_\_ How long have you owned & occupied the property? \_\_\_\_\_

Type: Single Family \_\_\_ Mobile Home \_\_\_ Age of home \_\_\_

**Debt Information:**

Is there a mortgage on the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you current with all Homeowners Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Household Member Information:**

<u>Names</u>	<u>Date of Birth</u>	<u>Relationship</u>
1. _____	_____	Self _____
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4. _____	_____	_____
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Bank Name \_\_\_\_\_  
 Bank Address \_\_\_\_\_

Bank Phone Number \_\_\_\_\_  
 Bank Fax Number \_\_\_\_\_

<u>Household member</u>	<u>Asset description</u>	<u>Current Cash Value</u>	<u>Annual Asset Income/Interest</u>
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- Any employee or government official of the town/Village/County you reside in \_\_\_\_\_ YES \_\_\_\_\_ NO
- Have you and/ or co-applicant ever applied for a Housing Grant from ANY other Housing Agency?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, what agency? \_\_\_\_\_

If received, when? \_\_\_\_\_

What was the amount of the grant and regulatory period? \_\_\_\_\_

Describe the repairs that you feel are needed for your home: \_\_\_\_\_

**I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved/Disapproved by:

CCA Employee: \_\_\_\_\_ Date: \_\_\_\_\_

If disapproved list reason: \_\_\_\_\_

**RELEASE OF INFORMATION**

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\_\_\_\_\_

**PERSON/ORGANIZATION/FACILITY/PROGRAM:**

<input type="checkbox"/> Department of Social Services	<input type="checkbox"/>	Southern Tier Legal
<input type="checkbox"/> Council on Alcoholism and Substance Abuse	<input type="checkbox"/>	Services Office of
<input type="checkbox"/> Adult Protective Services	<input type="checkbox"/>	Community Services Child
		Protection/Child Welfare
<input type="checkbox"/> Landlord/Provider of Housing	<input type="checkbox"/>	Utility Company: _____
<input type="checkbox"/> Other: _____		

I have been told that in order to protect the confidentiality of my records, my agreement to obtain or release information is necessary, and that this permission is limited for the purpose of advocacy on my behalf. This consent automatically expires 12 months from the date of signing. This consent may be revoked at any time, in writing, except when the information has already been released. I further understand that relevant information may be shared between programs at Cattaraugus Community Action in order to comprehensively meet my needs, unless specifically prohibited in writing. Employees of CCA are mandated reporters and have a duty to warn in the event that they believe that I may do harm to myself or others.

Customer Signature

Date

CCA Employee Signature

Date

**REVOCATION OF AUTHORIZATION TO RELEASE INFORMATION**

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\_\_\_\_\_  
\_\_\_\_\_

Customer Signature

Date

CCA Employee Signature

Date

**Bank Assets and Income Verification**  
**(take to your bank for them to fill out, return to CCA)**

Bank: \_\_\_\_\_

Name	Social Security Number	Date of Birth	
Address	City	State	Zip Code

The individual named above is an applicant for the Home Improvement Program, which requires annual verification for family income and other information related to eligibility. We would appreciate your prompt response. Please return the completed form to the applicant or email to [ksciortino@ccaction.org](mailto:ksciortino@ccaction.org). If you have any questions, please feel free to contact our office. Thank you for your cooperation.  
Karie Sciortino

Phone: 716-945-1041, extension 601 or Fax: 716-945-1301

Checking Account: # \_\_\_\_\_  
Average Monthly Balance for last 6 months: \$ \_\_\_\_\_  
Interest Rate Earned: \_\_\_\_\_ %

Savings Account: # \_\_\_\_\_  
Current Balance: \$ \_\_\_\_\_  
Interest Rate Earned: \_\_\_\_\_ %

Certificate of Deposit: # \_\_\_\_\_  
Value: \$ \_\_\_\_\_  
Interest Rate Earned: \_\_\_\_\_ %

Other: # \_\_\_\_\_  
Value: \$ \_\_\_\_\_  
Interest Rate Earned: \_\_\_\_\_ %

\_\_\_\_\_  
Signature of Authorized Official Date

\_\_\_\_\_  
Title Name of Bank

\_\_\_\_\_  
Telephone Fax Number

**MODEL RELEASE**

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I release and discharge CCA from any and all claims or causes of action arising from the use of such photographs, including without limitation claims for libel or invasion of privacy.

I am eighteen years of age or older.\*

I have read this release and understand its contents. This release is binding upon me and my heirs.

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

**Witness:** \_\_\_\_\_  
Cattaraugus Community Action

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

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

*Consent (if applicable)*

I am the parent or guardian of the minor named above and have the legal authority to execute this release, which I have read and fully understand. This release is binding upon me and my heirs.

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

**Witness:** \_\_\_\_\_  
Cattaraugus Community Action

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

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

\*Strike out this sentence if the subject is a minor. The parent or guardian must then sign the consent.

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- Reason for Leaving \_\_\_\_\_
- Have you applied for or are you receiving unemployment insurance benefits? \_\_\_\_\_

**Explain how your basic necessities have been provided. Documentation may be required.**

1. Food – How are you able to buy food or obtain meals?

2. Non- Food Items – How are you able to buy non-food items, such as toilet paper, deodorant, soap, clothing, etc?

When did you last buy these items? \_\_\_\_\_

Where did you get the money to buy these items? \_\_\_\_\_

3. Shelter – Have you paid your rent or mortgage payment? \_\_\_\_\_

If not, how many months has the rent or mortgage gone unpaid? \_\_\_\_\_

If you did pay your rent or mortgage, where did you get the money? \_\_\_\_\_

4. Utility and/or Heat Bill

Have you paid your utility and/or heat bill? \_ If not, how much do you owe? \_\_\_\_\_

If you did pay your utility and/or heat bill, where did you get the money? \_\_\_\_\_

5. Car/Transportation

How did you get to this office? \_\_\_\_\_

If appropriate, where did you get the money for gas, bus, etc? \_\_\_\_\_

I certify that the information contained on this Worksheet is accurate and true to the best of my knowledge.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Employees Signature \_\_\_\_\_ Date \_\_\_\_\_