

## REQUIRED ITEMS FOR APPLICATION:

1. 30 days proof of income for everyone in the home.
2. No income..... if applicable 30 days food stamps, 30 days child support, 30 days TANF, any friends or family helped you with money? They will need to write a letter stating what they have helped with and how much for each bill/item. The need to sign, put their address, phone number, and date written.
3. Social Security cards or Birth Certificates for everyone in the home.
4. Drivers License for those authorized to drive vehicle.
5. Proof of Insurance.
6. Quote of repair work needed from West End Auto.

West End Auto:  
1326 W. Main Street,  
Wilmington, Ohio  
937-725-9526

Clinton County Community Action Program, Inc.

Primary/Applicant First Name		M.I.	Last Name	
Social Security Number		Date of Birth		Gender
-----/-----/-----		-----/-----/-----		<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male

Household Information		
Household Size	Family Type	Building Type
Housing Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Non-related Adults with children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other	<input type="checkbox"/> Mobile Home <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family low rise (3 stories or less) <input type="checkbox"/> Multi-family high rise (3 stories or more)

Current Home Address		Apartment/Lot/Unit Floor	
Current Mailing Address (if different from above)		Apartment/Lot/Unit Floor	
City	State	Zip Code	County
Phone Number		Email Address	
Preferred method of contact			

Primary/Applicant Demographic Information		
Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	Education <input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school
Is Client Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Status <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	Is Client a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Status <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	Health Insurance Type <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	Non-Cash Benefits <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC

Social Security Number -----		Date of Birth --/--	Last Name
Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins		Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	Gender <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male
Is Client Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Military Status <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	Education <input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Grad or other post-secondary school
Employment Status <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school		Health Insurance Type <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	Is Client a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Non-Cash Benefits <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC

Social Security Number -----		Date of Birth --/--	Last Name
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Is Client Disabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Military Status <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	Education <input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Grad or other post-secondary school
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		<b>M.I.</b>	<b>Last Name</b>
<b>Number</b>		<b>Date of Birth</b>	<b>Gender</b>
_ / _ / _ _		_ / _ / _ _	<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male
<b>Ethnicity</b>		<b>Race</b>	<b>Education</b>
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Grad or other post-secondary school
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<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employment Status</b>		<b>Health Insurance Type</b>	<b>Non-Cash Benefits</b>
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<b>First Name</b>		<b>M.I.</b>	<b>Last Name</b>
<b>Social Security Number</b>		<b>Date of Birth</b>	<b>Gender</b>
_ - _ - _ _		_ / _ / _ _	<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male
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	Total Amount Received	Period Received (30, 90 or 365 days)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

	Frequency	Total Amount
<b>Fixed Countable Income</b> Supplemental Security Income (SSI) (See E-2.3) Social Security Disability Insurance (SSDI) (See E-2.3) Social Security Retirement (SS) (See E-2.3) Pension (examples are government, military and private) Widow/Widower's benefit Alimony Black Lung pension	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<b>Earned Countable Income</b> Wages (salary, tips, commission, bonuses, etc.) Active Military Pay	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<b>Other Earned Countable Income</b> Seasonal Employment Self-employment	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<b>Supplemental Countable Income</b> Unemployment Utility Assistance Workers' Compensation Ohio Works First Temporary Assistance for Needy Families (TANF) Employment Disability Payouts Strike Benefit	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<b>Other Countable Income</b> Cash withdraws from: Individual Retirement Accounts, Annuities, Other investments Lump sum payout from: Estate & Trust settlements, Divorce settlements, insurance payout, lottery winnings Interest Income	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<b>None</b>		\$ _____

Deductible Income	Frequency	Total
Health Insurance Premiums Short and Long-Term Disability Premiums Prescription Plans Health Care Spending Accounts Medicaid Spend Down (deductibles) Medicare Premiums Child Support paid-out Attorney fees for estate or trust settlements Self-employment IRS allowable business expenses Reimbursement for work expenses	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<b>Total Household Income (Countable Income - Deductions)</b>		\$ _____
<b>Percentage of Area Median Income (AMI)</b>		% _____

Excluded Income	Frequency	Total Amount
Agent Orange Pension Veterans affairs, service-connected disability Handicapped income (i.e. work programs for the blind or disabled) Title V wages (i.e. senior employment programs) Volunteers in Service to America Stipend (VISTA) Work allowances (work requirement to receive OWF assistance) Income earned by dependent minors Tax refunds/rebates Education assistance (grants stipends for tuition/books) Stipends for foster care Military allowances for subsistence Ohio waiver program (Medicaid benefit for caregiver) Prevention retention and contingency (i.e. emergency services, rental asst.) transportation allowances (WIOA) Proceeds from reverse mortgage FEMA, cash payments Title III Disaster relief emergency assistance	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____

Expense Type	Total Monthly Expense amount
Food	\$ _____
Shelter	\$ _____
Child Care	\$ _____
Transportation	\$ _____
Utilities	\$ _____
Total	\$ _____

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

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

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

### Appendix IV: 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 a signed 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		\$
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: \_\_\_\_\_