

Powhatan Community Action Application

Legal Name: _____ Physical Address: _____

Mailing Address: _____ Phone/contact #: _____

of persons in home: _____

Individuals in the home, including yourself:

Last Name	First Name	Date of Birth	Gender	Relationship to applicant	Education Level	Social Security #

Describe the recent change in circumstances

➤ **PLEASE READ THE FOLLOWING STATEMENTS PRIOR TO SIGNING THIS APPLICATION:**

All of the information provided on this application is accurate. **Failure to report accurate information is considered FRAUD.** This includes failing to report all persons living in the household, failing to report all income, from all sources, failing to report all bank accounts, making false statements and withholding information. Failure to comply with program requirements could result in repayment of any benefits you receive and/or being ineligible for additional assistance.

➤ I understand that I may apply for assistance and receive up to **\$800** each per program year. . All payments will be made directly to the vendor or landlord. Payment to landlord requires the completion of a W-9 by the Landlord.

➤ **Powhatan Community Action staff are the only persons permitted to authorize payments made by the program.**

➤ Furthermore, it is my responsibility to provide all required documents to the agency. This includes the legal name of a company, an accurate address and account numbers. Failure to provide documents will result in this application being denied. Completion of this application gives the agency permission to verify sources of income and balances in bank accounts. Approval of funds is contingent upon meeting Powhatan Community Action guidelines and the availability of funds. I fully understand the above statements.

Print Name: _____ **Signature:** _____

Date: _____

Income (Verification required for all income received within the past 60 days)

Type/Source and Household member	Gross Amount	Frequency	Calculation (Staff Only)

TOTAL HOUSEHOLD INCOME:

Resources: Verification required

<p>To be completed by Community Action staff:</p> <p>Income Level met: Y / N</p> <p>Vulnerable person/Senior Citizen: Y / N</p> <p>Change in Circumstance: Y / N</p> <p>Verification of residence and citizen status completed: Y/N</p> <p>Application: Approved Denied</p>	<p>Supervisor Initial: _____ Date: _____</p> <p>Funding Source:</p> <p>CSBG Funds: Amount: _____</p> <p>TANF Funds: Amount: _____</p>
--	---