



Application for Assistance for Housing and Medical Emergency Needs

I am applying for emergency help with:

Housing

- Temporary housing
- Rental/mortgage assistance
- Fuel/Utilities

Medical

- Dental
- Prescriptions
- Other emergency medical _____

Other

- Money for personal needs
- Transient assistance

Applicant: _____ Telephone No. _____

Mailing address: _____ Town you live in: _____

Have you always lived in Vermont? Yes No – When did you move to Vermont? Month: _____ Year: _____

Has anyone in the household served in the armed forces? Yes No (Army, Navy, Marines, Air Force, Coast Guard, National Guard)

Household Information: Starting with yourself, provide the following information for everyone who lives with you. Social security numbers are not required for people not applying.

First Name	Middle Initial	Last Name	Social security number	Relationship to you	Date of birth	Last grade completed	Asking for assistance?
1.				S E L F			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.							<input type="checkbox"/> Yes <input type="checkbox"/> No
3.							<input type="checkbox"/> Yes <input type="checkbox"/> No
4.							<input type="checkbox"/> Yes <input type="checkbox"/> No
5.							<input type="checkbox"/> Yes <input type="checkbox"/> No

Assistance for temporary housing: If you are applying for temporary housing, please list who you have asked about providing shelter. Please list friends, family, and shelters and the outcome of that contact (*may require verification*).

Contact	Date of contact	Friend, family, shelter, etc.	Phone number	Outcome of that contact
1.				
2.				
3.				
4.				
5.				

Employment Information: *To be eligible for assistance, you must be looking for work unless you have a medical condition that prevents you from working.*

	YOURSELF	Second adult – Name: _____
1. What is your usual occupation?		
2. Are you working?	<input type="checkbox"/> Yes <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> No – date you last worked _____ Date of last paycheck _____	<input type="checkbox"/> Yes <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> No – date you last worked _____ Date of last paycheck _____
3. Have you been referred to a job or offered a job within the past 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a medical condition that prevents working or looking for work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Resources: List the amounts *anyone (including your children)* in your household has.

Cash	\$ _____	Checking accounts	\$ _____	Savings accounts	\$ _____
Help from others	\$ _____	Certificates of Deposit	\$ _____	Stocks	\$ _____
Bonds	\$ _____	Christmas Clubs	\$ _____	Retirement accounts (Pensions, 401K, IRA, etc.)	\$ _____

Income: List the amounts *anyone (including children)* in your household received in the last 30 days:

Income type	Amount received	Received by which household member
Wages from jobs <i>(copies of paystubs for the last 30 days are required)</i>	\$	
Child support	\$	
General Assistance	\$	
Essential Person	\$	
SSI	\$	
Social Security Disability	\$	
Unemployment	\$	
Veteran's Benefits	\$	
Reach Up	\$	
Other: _____	\$	
TOTAL:	\$	

Expenses: List the amounts you pay.

Do you share expenses? If **YES**, with who? _____ No

If household expenses are shared, list only your share.

For housing I pay \$ _____ per week month other: _____

for rent mortgage room and meals room rent other: _____

Amount paid for housing in the last 30 days \$ _____

What is included? heat electricity utilities food nothing

Landlord's name: _____ Phone number: _____

Address: _____

Is your landlord a relative? Yes No

Do you pay for child care while you work? Yes: amount paid in the last 30 days \$ _____ No

Do you pay someone outside your household for child support? Yes: amount paid in the last 30 days \$ _____ No

If you are not registered to vote where you live now, would you like a voter registration application? Yes No

If you do not check either box, you will be considered to have decided not to register to vote at this time. Applying to register or declining to register to vote will not affect your eligibility for benefits or amount granted to you by ESD. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the *Secretary of State's Office at Redstone Building, 26 Terrace Street, Drawer 09, Montpelier, VT 05609-1101*, or call 1-802-828-2363

Read the Following Statement Carefully

I understand that I or a member of my household may have to **repay the department for assistance paid** to us or on our behalf if we get benefits or resources from an inheritance, cash prize, sale of property, court awards or settlements, or retroactive Social Security, Supplemental Security Income, Veterans, or Railroad Retirement benefits.

I certify that the information in this application is complete and true to the best of my knowledge and belief. I realize that failure to give true and complete information regarding this application could lead to a fine or imprisonment or both. I understand it is my responsibility to provide verification the department needs to make an eligibility decision.

I authorize the department to pursue information it needs to determine my eligibility.

Applicant or Authorized

Representative signature _____ Date _____

*****This section will be completed by District office staff ONLY***** Complete this section **ONLY** when it is **AWC** (as it will take the place of the worksheet 203G)

Current situation/comments: _____

Income: _____ Resources: _____

Approved: Number of nights granted: _____ *(complete the 218EHA Billing form)*

Denied: Denial Reason: _____ Denial code used: _____ CATN complete: