

IMPORTANT INFORMATION ABOUT APPLYING FOR BENEFITS THROUGH THE CITY OF PHOENIX FAMILY SERVICES CENTERS

THE FOLLOWING ASSISTANCE IS AVAILABLE

- Language interpreter or translation services
- Help filling out this form
- Reasonable accommodations or modifications, including alternative formats, and auxiliary aids and supports available for persons with a disability.

WHAT THIS APPLICATION IS FOR?

The City of Phoenix has many programs to help Phoenix residents. Each program has different requirements to determine eligibility for a benefit. This form allows you to apply for multiple programs and benefits at the same time. These programs include:

- Utility assistance
- Short-term crisis assistance
- Rental and housing assistance
- Transportation assistance
- Other types of need-based support.

Please fill out the application as much as you can. You do not have to fill out any sections that do not apply to you or members of your household. If you do not know if a section applies to you or your household members, please ask your caseworker. Also, you may ask your caseworker any other questions you may have about this application, or any assistance program offered through the City of Phoenix.

WHO MAY FILL OUT THIS APPLICATION?

Anyone may fill out this application if they think someone in their household may be eligible for benefits. You do not need to be eligible yourself to fill out this application. You may fill out this application on behalf of a household member who may be eligible for benefits. For example, a parent may fill out this application for their child who may be eligible for benefits, regardless of whether the parent is eligible.

WHEN ARE SOCIAL SECURITY NUMBERS REQUIRED?

You are not required to provide a Social Security number unless required for the specific benefit you or your household member is applying for. Your caseworker can inform you which benefits require a social security number. You are not required to provide a Social Security Number for any member of your household who is not applying for benefits. Voluntarily providing a Social Security number for yourself or household members may expedite processing of your application. You do not need to be eligible for a benefit to apply for that benefit for others in your household.

For certain benefits, the City of Phoenix may need to verify income, address, and other information for all household members, including those who are not applying for benefits for themselves. Even though it's not required, you may choose to provide a Social Security number for household members who are not applying for benefits for themselves. If you do provide a Social Security number, the City will only use the Social Security number to help verify income, to prevent duplication of services, or as proof of identity.

WHEN IS CITIZENSHIP OR IMMIGRATION STATUS REQUIRED?

To qualify for eligible public benefits, applicants must provide proof of U.S. citizenship, or eligible immigration status. In accordance with applicable state and federal law, Community Services Program staff are required to conduct verification of citizenship documentation as part of the client's application for certain assistance programs. In addition, validation of qualified non-citizen status using the U.S. Citizenship and Immigration Services (USCIS) SAVE database is required for certain assistance programs. You are not required to provide citizenship or immigration status for any household member who is not applying for benefits. You do not need to be eligible for a benefit to apply for that benefit for other members of your household.

The information will not be used for immigration purposes and will not be reported to immigration authorities or the federal government unless required under A.R.S. § 1-501 or -502, as limited by applicable federal law.

UPDATE Household INFO (Internal use only)

CITY OF PHOENIX FAMILY SERVICES CENTERS QUESTIONNAIRE

Travis L. Williams
4732 S. Central Avenue
85040

John F. Long
3454 N. 51st Avenue
85031

Sunnyslope
914 W. Hatcher Road
85021

Alternate formats of this document are available upon request.

Appointment Date Appointment Type

What is your preferred language?

**Central Intake Appointment Line: (602 534-AIDE (2433
Toll Free: 1 (866 882-1778**

| | | | | | | | | | | | | | | | |
|--|--|--|--|----------|--------------|----------|--------------|---------|--------------|-----------|--------------|---------|--------------|-----------------|--------------|
| Date of Birth | First Name | Last Name | Middle Initial | | | | | | | | | | | | |
| Gender | Ethnicity (optional) | Race (optional) | Email | | | | | | | | | | | | |
| Street Address | | Apt/Lot/Unit | City | | | | | | | | | | | | |
| Zip Code | | | | | | | | | | | | | | | |
| Housing Type (select one) If other, specify: | Monthly Housing Payment \$ | Phone Number (Cell / Home / Message) | Work Phone Number | | | | | | | | | | | | |
| Work Status (select one) If other, specify: | Marital Status (select one) If other, specify: | How long have household members applying for benefits lived in Arizona? Years: and/or Months: | How long have household members applying for benefits lived in Maricopa County? Years: and/or Months: | | | | | | | | | | | | |
| Does anyone is your household want assistance with finding employment? Yes No | Is anyone in your household? (Check box if yes; optional) <table style="width:100%; border:none;"> <tr> <td style="width:30%;">Pregnant</td> <td>If yes, who?</td> </tr> <tr> <td>Disabled</td> <td>If yes, who?</td> </tr> <tr> <td>Age 60+</td> <td>If yes, who?</td> </tr> <tr> <td>Homebound</td> <td>If yes, who?</td> </tr> <tr> <td>Veteran</td> <td>If yes, who?</td> </tr> <tr> <td>Active Military</td> <td>If yes, who?</td> </tr> </table> | | | Pregnant | If yes, who? | Disabled | If yes, who? | Age 60+ | If yes, who? | Homebound | If yes, who? | Veteran | If yes, who? | Active Military | If yes, who? |
| Pregnant | If yes, who? | | | | | | | | | | | | | | |
| Disabled | If yes, who? | | | | | | | | | | | | | | |
| Age 60+ | If yes, who? | | | | | | | | | | | | | | |
| Homebound | If yes, who? | | | | | | | | | | | | | | |
| Veteran | If yes, who? | | | | | | | | | | | | | | |
| Active Military | If yes, who? | | | | | | | | | | | | | | |

Briefly explain what caused you to seek financial assistance:

City of Phoenix caseworkers are available to work with you and your family to address additional needs through case management. Case management involves working together to support you through any challenges you may be experiencing. The City will work in partnership to create an action plan with goals that you wish to achieve and will help you find resources to reach those goals.

The City will evaluate your household for assistance even if household members do not want case management services.

Are you interested in case management? **Yes** **No**

PLEASE LIST FOR YOURSELF AND ALL HOUSEHOLD MEMBERS THE FOLLOWING:

- 1) ALL MONEY RECEIVED (GROSS INCOME BEFORE DEDUCTIONS) FOR THE LAST 30 DAYS
- 2) ALL BILLS FOR THE LAST 30 DAYS FOR ALL HOUSEHOLD MEMBERS

A. Job/Employment (For ALL Household Members)

Any full or part-time work, day labor, babysitting, landscape, repairing cars, housekeeping, etc.

| Name of Individual Receiving Income | Date Received | Gross Amount |
|-------------------------------------|---------------|--------------|
| | | |
| | | |
| | | |
| | | |

My utilities are: **ON** **OFF**

Check your utility company(es):

APS

SRP

Southwest Gas

Do you pay City of Phoenix Water?

YES

NO

B. Social Security (SS, SSI, SSDI)

| Name of Individual Receiving Income | Date Received | Gross Amount |
|-------------------------------------|---------------|--------------|
| | | |
| | | |
| | | |
| | | |

EXPENSES: Account number Monthly Bill Amount

APS

Water

Southwest Gas

Car Payment / Transportation

Child / Dependent Care

Food

C. Government Assistance (TANF TPEP, Grant Diversion)

| Name of Individual Receiving Income | Date Received | Gross Amount |
|-------------------------------------|---------------|--------------|
| | | |
| | | |

D. Supplemental Nutrition Assistance Program / SNAP (Food Stamps)

| Name of Individual Receiving Income | Date Received | Gross Amount |
|-------------------------------------|---------------|--------------|
| | | |
| | | |

E. Unemployment Insurance, Worker's Compensation

| Name of Individual Receiving Income | Date Received | Gross Amount |
|-------------------------------------|---------------|--------------|
| | | |
| | | |

F. Child Support (For all states, if applicable)

| Name of Individual Receiving Income | Date Received | Gross Amount |
|-------------------------------------|---------------|--------------|
| | | |
| | | |

G. Other Income (Per Capita; Retirement/Pension, etc.)

| Name of Individual Receiving Income | Date Received | Gross Amount |
|-------------------------------------|---------------|--------------|
| | | |
| | | |

H. Veteran Affairs Benefits (VA Compensation, VA Service-Connected Disability, VA Non-Service-Connected Disability)

| Name of Individual Receiving Income | Date Received | Gross Amount |
|-------------------------------------|---------------|--------------|
| | | |
| | | |

I. Alimony/ Spousal Support

| Name of Individual Receiving Income | Date Received | Gross Amount |
|-------------------------------------|---------------|--------------|
| | | |
| | | |

I certify the above information is a true and accurate statement of the living circumstances of my household. I authorize the City of Phoenix to verify the information provided to determine eligibility for assistance.

SIGNATURE

**City of Phoenix
Human Services Department
AUTHORIZATION FOR RELEASE OF INFORMATION**

Name: _____

Date of Birth: _____

I _____ (print full name), hereby authorize the City of Phoenix Human Services Department and all utility companies that provide me services to release all information requested concerning myself and my household members to ensure a thorough assessment of my household's situation may be completed. I understand the completion of an assessment is not a guarantee financial help will be provided. I hereby authorize the City of Phoenix Human Services Department and all utility companies to share and exchange information concerning myself and my household members with the following organizations:

**Arizona Department of Economic Security
Social Security Administration
Landlord or Mortgage Company listed on this questionnaire
APS/SRP/SW Gas/City of Phoenix Water Services
Current Employers, Employers within the last 30 days and
Prospective Employers
Arizona Community Action Association (dba Wildfire)
All City of Phoenix Departments**

The information in this application will only be used to determine if you and your household members are eligible for benefits. I understand I may revoke this authorization at any time, except to the extent action based on this authorization has already been taken. If requested, I understand this document may be provided to all agencies and persons identified on this release of information.

Signature: _____

Date: _____

**City of Phoenix Human Services Department
AFFIDAVIT OF AUTHENTICITY OF DOCUMENTATION**

I _____ (print full name), hereby affirm upon penalty of perjury, that I presented documentation to the City of Phoenix for the purpose of obtaining a benefit from the city for myself or a household member, that the persons seeking benefits are the persons identified on the documentation.

Signature: _____

Date: _____

DECLARATION OF STATUS

Instructions: Please select one option below based on your current legal status.

For U.S. Citizens (and non-citizen nationals):

I, _____, declare under penalty of perjury that I, and/or the household members I am applying on behalf of, am/are a citizen(s) or non-citizen national(s) of the United States of America.

Signature: _____

Date: _____

For Qualified Aliens:

I, _____, declare under penalty of perjury that I, and/or the household members I am applying on behalf of, am/are a qualified alien(s) as defined in 8 U.S. Code 1641.

Signature: _____

Date: _____

COMPLAINT PROCEDURE ACKNOWLEDGMENT

Please be aware that the City of Phoenix HSD Community Services Program has a complaint procedure in place. You may file a client complaint if at any time you believe that you have not been properly treated or have a complaint about services provided to you. Copies of the complaint form are available at all City of Phoenix Family Services Centers. I acknowledge that I understand the Community Services and Initiatives Services Division Client Rights and Client Complaint Procedure and understand that I have the right to an appeal process should I disagree with decisions regarding my case, requested services and/or treatments received.

I understand that the information I share will be kept in my case record and will remain confidential according to A.R.S. 36-509.

Signature:

Date:

MEDIA REQUEST

Are you willing to discuss your experience at the City of Phoenix Family Services Center with the media? (Newspaper, television reporters, phone interview, etc.) Yes No

Your application will be processed even if you do not wish to speak with the press.

If yes, how do you prefer to be contacted? Phone:

Email:

If you answered yes, your information may be forwarded to the City of Phoenix Communications Office or the Arizona Community Action Association (Wildfire) who may contact you for additional information.

Participant Input

Would you be interested in joining the Human Services Department Human Services Commission? Your participation would provide a voice for low-income residents of the City of Phoenix. Yes No

If you answered yes, your information will be forwarded to a City of Phoenix staff member who may contact you for additional information as well as provide you more details about this opportunity.

Authorized Staff Use Only:

Verification of Income

Verification of household address/occupancy

Verification of school enrollment

FOR SRP CUSTOMERS ONLY

UTILITY INFORMATION RELEASE AUTHORIZATION

I, the SRP Customer of record, hereby consent to and authorize City of Phoenix ("Agency") to access any information from Salt River Project Agricultural Improvement and Power District ("SRP") concerning my payment history, delinquencies, outstanding amounts owed, required deposits, usage history, and other related information, and to use such information in connection with my application for financial assistance. This consent and authorization shall expire following Agency's review of my SRP customer account information for qualification of Agency financial assistance.

SRP Account Number:

Date:

Name of SRP Customer of Record:

Service Address:

Signature of SRP Customer of Record: