IMPORTANT INFORMATION ABOUT APPLYING FOR BENEFITS THROUGH THE CITYOF 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	**John F. Long**	**Sunnyslope**
4732 S. Central Avenue 85040	3454 N. 51st Avenue 85031	914 W. Hatcher Road 85021
(602) 534-2433	(602) 534-2433	(602) 534-2433

Appointment Type _____

Appointment Date _____

Alternate formats of this document are available upon request.

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 (Circle) Male / Female/ Other	Ethnicity (Optional) Hispanic/ Latino/ None	Race (Optional)	Email

Street Address	Apt/Lot/Unit	City	Zip Code

Housing Type (Circle)	Monthly Housing Payment	Phone Number (Cell / Home / Message)	Work Phone Number
Rent / Own / Subsidized Housing / Homeless / Permanent Housing / Other: _____	$	( )	( )

Work Status (Circle)	Marital Status	How long have household members applying for benefits /lived in Arizona?	How long have household members applying for benefits lived in Maricopa County?
Employed Full Time/ Part Time / Migrant Seasonal Farm Worker / Unemployed less than 6 months / Unemployed more than 6 months / On Leave / Disabled / Retired / Other: _____	Never Married / Married / Widowed / Separated / Divorced / Partner / Other: _____	Years:_____ Months: _____	Years:_____ Months: _____

Does anyone is your household want assistance with finding employment?

Yes ☐ **No** ☐

Is anyone in your household? (Optional)

Pregnant	☐ Yes	☐ No	If yes, who? _____
Disabled	☐ Yes	☐ No	If yes, who? _____
Elderly (60+)	☐ Yes	☐ No	If yes, who? _____
Homebound	☐ Yes	☐ No	If yes, who? _____
Veteran	☐ Yes	☐ No	If yes, who? _____
Active Military	☐ Yes	☐ No	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

List Household Member Information Below, Including Yourself

Name (Please begin with yourself)	**Applying for Benefits?** (Y/N)	**Date of Birth**	**Social Security #** (not required for all benefits; optional for household members who are not applying for benefits) *	**Citizenship or Immigration Status** (only required for household members who are applying for benefits) **	**Ethnicity and Race (Optional)**	**Gender (Optional)**	**Medical Insurance Type**	**Relationship to Person Filling out Application**	**Last Grade Completed**	**Work Status** (e.g.,Full Time, Part Time, Retired, Unemployed)

*** 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. Social Security numbers may be required to be eligible for certain benefits. Social Security numbers of applicants and non-applicant household members may be used to prevent duplication of services, as proof of identity, to verify income through employers, or eligibility for other local, state and federal programs, and expedite processing of your application. Please ask your caseworker about how providing a Social Security number for household members may impact eligibility for some benefits and the amount of benefits that may be awarded.**

****You are only required to provide information related to citizenship or immigration status for household members who are applying for benefits. Please ask your caseworker how providing information related to citizenship or immigration status for household members may impact eligibility for some benefits and the amount of benefits that may be awarded. The information in this application will only be used to determine if your or your household members are eligible for benefits unless reporting of an immigration violation is required under A.R.S. § 1-501 or -502, as limited by applicable federal law.**

*****To add additional household members, please request an additional member page from the caseworker. *****

PLEASE LIST FOR YOURSELF AND ALL HOUSEHOLD MEMBERS THE FOLLOWING:

1) ALL MONEY RECEIVED (GROSS INCOMEBEFORE DEDUCTIONS) FORTHE LAST 30 DAYS
2) ALL BILLS FOR THE LAST 30 DAYS FOR ALL HOUSEHOLD MEMBERS

Are your utilities: ☐ ON ☐ OFF
Check your utility company: ☐ APS ☐ SRP ☐ SWG
Do you pay City of Phoenix Water? ☐ Yes ☐ No

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

B. Social Security (SS, SSI, SSDI)

Name of Individual Receiving Income	Date Received	Gross Amount

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

EXPENSES

1. Electricity:_____ $_____
   Account Number
2. Water:_____ $_____
   Account Number
3. Southwest Gas:_____ $_____
   Account Number
4. Car Payment / Transportation $_____
5. Child / Dependent Care $_____
6. Food $_____

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 providing services to me to release all requested information concerning myself and members of my household. This authorization is granted for the purpose of conducting a thorough assessment of my household's situation in connection with my application for assistance. 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, Past or 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:_____or 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 with 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: _____