

**City of Phoenix
Human Services Department
Document Needs Checklist**

*****Please bring the items checked below*****

Client Name: _____

1. Picture ID for Applicant and all applicable household members (State of Arizona Picture ID is recommended), including the following person(s):

2. Evidence of U.S. Citizenship, U.S. Nationality, or Qualified Alien status for applicable household members (only applicable to programs with immigration-based eligibility criteria). The following can be used, but not limited to, U.S. Birth Certificate, Military DD-214 stating the year and place of birth, U.S. passport, Naturalization documentation, immigration documentation, and legal residency documentation.

3. Social Security card or official document with Social Security numbers for all members in the household, as applicable.
4. Proof of gross income for ALL household members in the last 30 days including: pay checks, current year Social Security award letters for any source of Social Security income, child support, pension, self-employment, unemployment insurance benefits and any or all other sources of cash income received in the household for all household members. 30-day period from _____ to _____

5. Written verification of all terminated income for the last 30 days, including last pay date, gross income and employer phone number for all household members. (Including severance pay, leave payout, pension, etc.)
6. Current unaltered lease agreement (if applicable) with all household members listed as well as landlord's address and phone number.
7. Eviction Notice or Court Notice for the current month or past due mortgage statement at 16 days or more (if requesting rental/ mortgage assistance).
8. Completed W-9s, within the last year, for landlord with mailing address, tax ID# and contact phone number (if applicable).
9. Proof of emergency: Verification/documentation of the cause of your need for assistance (if applicable). (Example: receipts for unexpected expenses, doctor statement, police report, letter from your employer verifying job loss, etc.)

10. Other _____
11. Please return by: DATE: _____ TIME: _____ Screener Initials (print): _____

By signing this document, I understand that it is not a guarantee that financial assistance will be granted. I also understand if all the above documents are not submitted, assistance may not be provided.

Family Services Center FAX # _____

Client Signature: _____

Date: _____