

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

*****Please have items checked below
available for interview*****

Name: _____

- 1. Picture ID (for example, State of Arizona Picture ID) for each of the household members who are applying for benefits.
- 2. Evidence of U.S. Citizenship, U.S. Nationality, or Qualified Alien status for household members who are applying for benefits. (This is only for programs with that require a certain immigration status to qualify. You may ask your caseworker if this documentation is necessary for you and your household members. The information provided will only be used to determine eligibility.) The following may 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 who are applying for benefits. The information provided will only be used to determine eligibility.
- 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 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 your landlord's address and phone number.
- 7. Eviction Notice or Court Notice for the current month or past due mortgage statement from 16 days or more (if requesting rental/mortgage assistance).
- 8. Completed W-9 within the last year for your 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: _____

By signing this document, I understand 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.

Signature: _____ Date _____ Family Services Center Fax _____