

Emergency Financial Assistance Application **Housing Costs**

This application is for emergency assistance. Applications can only be considered for individuals who are <u>currently certified</u> clients at West Valley Community Services. Application will not be fully considered until all requested verification documents have been submitted.

Applicants are not automatically eligible for assistance. This is not an entitlement program. Eligibility is based upon verified need, residence, ability to maintain payments, and willingness to address any underlying problems that may have caused the crisis. No funds will be guaranteed until all requested verifications have been submitted and the screening committee has approved the complete application.

Emergency Financial Assistance Flowchart Do you have ...? 1. A verifiable emergency situation Certification 2. The ability to pay moving forward Required documents: Photo ID for all adults o ID for children (*with **New Client Certification** birthdate) o Meet with Case Manager o Current rental agreement Intake packet and budget o PG&E bill (or other official Submit required documents mail) from last 30 days o Proof of income, last 30 days **Financial Assistance** Required documents: **Emergency Financial Assistance Application** Verification of emergency Proof of ability to pay Application packet moving forward Submit additional required documents o All current bills and debts over \$300 **Screening Committee** Approved **Not Approved** Check mailed or Talk to your Case Manager delivered to landlord about your options AND 3 months of follow up with Case Manager

West Valley Community Services 10104 Vista Drive | Cupertino, CA 95014 (408) 255-8033 – Voice | (408) 366-6090 – Facsimile www.wvcommunityservices.org



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| 1. Name of Applicant: | | | | |
|---|---|---|-------------------|--------------|
| 2. Please choose the type of assistan | ce you are requesting: | | | |
| o Rent o Deposit o Utilit | ty Payment O Vehicle R | epair 0 Other: | | |
| 3. Have you received assistance from O Friends O Family O Commu. | n any of the following? Plea nity Organizations O Fait | • | • | o Other: |
| 4. Why are you in need of this financ | ial assistance? Please provi | de as much detail as | possible. | |
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| 5. What will you do to avoid this situ | ation from recurring? | | | |
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| | | | | |
| Applicant's Signature | // Date | Case Manager's Si | gnature | _/ / Date |
| Release | e of Information for R | esearch and Eva | aluation | |
| The information that you provide mare reveal who you are or connect your information to university or governmesearch. | individual responses to you | . Federal or state lav | vs may require us | to show |

Date

Applicant's Signature

Three Month Budget Worksheet

| Section 1: Total Monthly Income | | | | | |
|------------------------------------|-------------|-------------|-------------|--|--|
| | Last Month: | This Month: | Next Month: | | |
| Employment - self (net) | | | | | |
| Employment – spouse/roommate (net) | | | | | |
| Unemployment/Disability | | | | | |
| Commission or tips | | | | | |
| TANF/CalWorks | | | | | |
| General Assistance | | | | | |
| Child Support/Alimony | | | | | |
| Social Security | | | | | |
| Retirement or pension | | | | | |
| Tax refunds | | | | | |
| Personal loans or borrowed money | | | | | |
| Rental income (subleasing) | | | | | |
| Other | | | | | |
| Net Income Total (After Taxes): | | | | | |
| Other: (not included in income) | | | | | |
| Food Stamps/CalFresh* | | | | | |
| | | | | | |

| Section 2: Monthly Expenses | | | |
|---|-------------|-------------|-------------|
| | Last Month: | This Month: | Next Month: |
| Rent/mortgage | | | |
| PG&E/gas/water/garbage | | | |
| Food (*over Calfresh amount) | | | |
| Phone and mobile phone | | | |
| Car insurance | | | |
| Car payments | | | |
| Medical/dental insurance | | | |
| Medical/dental bills | | | |
| Credit card payment | | | |
| Child support/Alimony | | | |
| Child Care | | | |
| Gas or bus fare | | | |
| Laundry | | | |
| Cable, internet, subscriptions | | | |
| Personal (i.e. Hygiene, cleaning, clothing, cigarettes) | | | |
| Education related/tuition | | | |
| Other: | | | |
| Other: | | | |
| Other: | | | |
| Monthly Total: | | | |

| Section 3: Total Income to Total Budget Comparison | | | | | |
|--|-------------|-------------|-------------|--|--|
| | Last Month: | This Month: | Next Month: | | |
| Monthly Income: Section 1 | | | | | |
| Monthly Expenses: Section 2 | | | | | |
| Total Money Left: | | | | | |