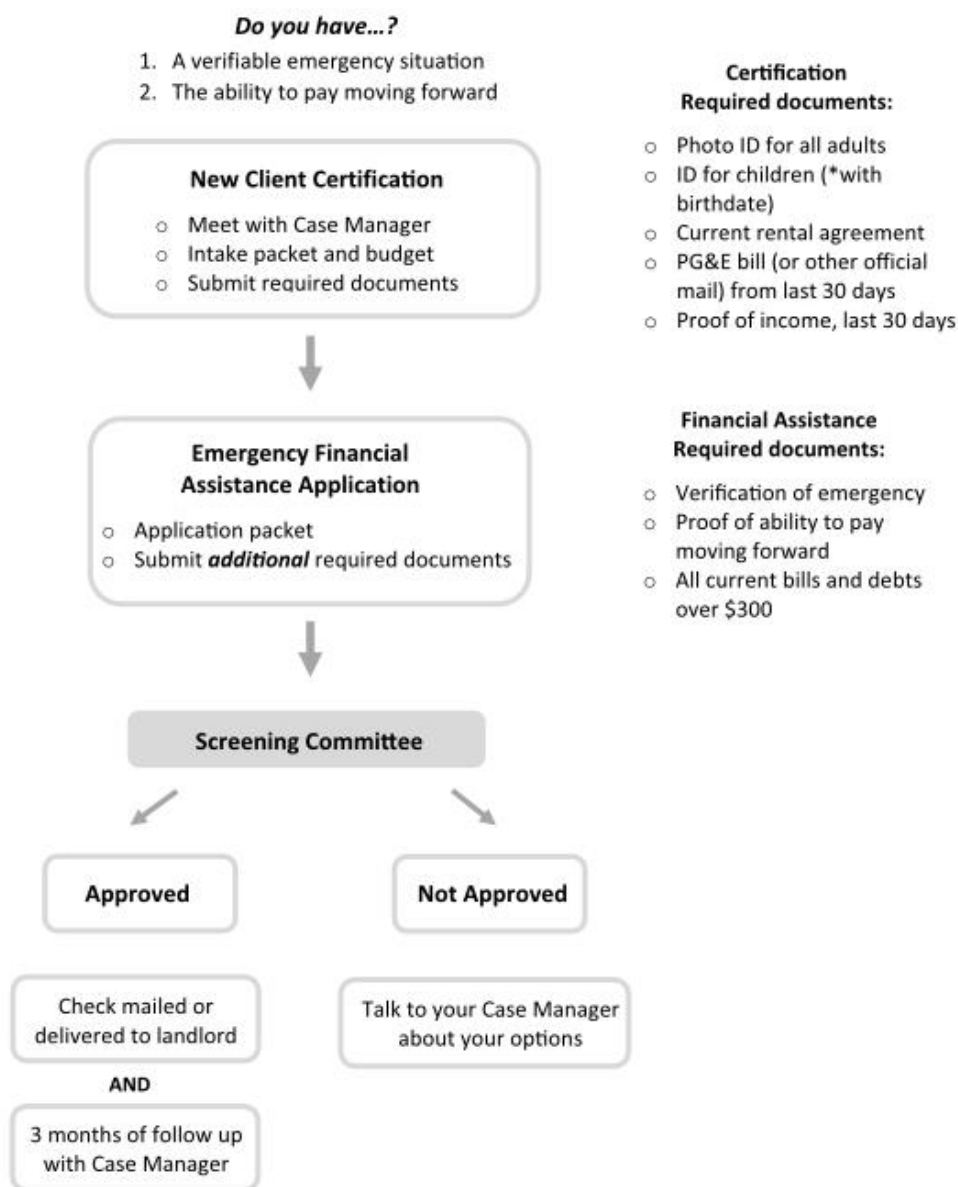


Emergency Financial Assistance Application Housing Costs

This application is for emergency assistance. Applications can only be considered for individuals who are currently certified 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



Emergency Financial Assistance Application Housing Costs

1. Name of Applicant: _____

2. Please choose the type of assistance you are requesting:

☐ Rent ☐ Deposit ☐ Utility Payment ☐ Vehicle Repair ☐ Other:

3. Have you received assistance from any of the following? Please mark all that apply:

☐ Friends ☐ Family ☐ Community Organizations ☐ Faith based organizations ☐ Loans ☐ Other:

4. Why are you in need of this financial assistance? Please provide as much detail as possible.

5. What will you do to avoid this situation from recurring?

_____/_____/_____
Applicant's Signature Date Case Manager's Signature _____/_____/_____
Date

Release of Information for Research and Evaluation

The information that you provide may be used for research and evaluation purposes. It will not be used in a way that will reveal who you are or connect your individual responses to you. Federal or state laws may require us to show information to university or government officials or funders. You will not be identified in any publication from this research.

_____/_____/_____
Applicant's Signature Date

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*			
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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:			