


<b>Applicant Information</b>	Last Name _____ First Name _____ MI _____			<b>Household Type</b>	<input type="checkbox"/> Single Person	<i>Check the box that applies to your household type</i>	<b>Housing</b>	<i>Check the box that applies to your housing situation</i>	
	Address _____ Apt # _____				<input type="checkbox"/> Two Adults NO Children			<input type="checkbox"/> Own	
	City _____ MI _____ State _____ Zip _____				<input type="checkbox"/> Single Parent Female			<input type="checkbox"/> Rent	
	Phone Number _____ Email Address _____				<input type="checkbox"/> Single Parent Male			<input type="checkbox"/> Other Permanent Housing	
					<input type="checkbox"/> Two Parent Household			<input type="checkbox"/> Homeless	
			<input type="checkbox"/> Non-related Adults with Children	<input type="checkbox"/> Other			<input type="checkbox"/> Other		

Household Information							
Names	M/F	Date of Birth	Relationship	Social Security #	Race	Ethnicity	
1			Applicant				
2							
3							
4							
5							
6							
7							
8							
9							
10							

Household Information continued							
Names	Education Level	Health Insurance	Work Status	Military?	Disabled?	US Citizen?	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Main Language in Household: _____	<p>Be sure to fill in all fields for all members of the household. Incorrect or incomplete information could result to your application being denied.</p>	
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<b>Applicant Information</b>	Last Name _____ First Name _____ MI _____			<b>Office Use Only</b>	Date Application was Received _____		<b>Certification</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Income Eligible <input type="checkbox"/> Not Income Eligible		<b>Contributions</b> <input type="checkbox"/> Utility Funds \$ _____ <input type="checkbox"/> DHHS \$ _____ <input type="checkbox"/> Other \$ _____		
	Address _____ Apt # _____				Interviewer _____						
	City _____ State _____ MI _____ Zip _____				Adjusted Application Date _____						
	Phone Number _____ Email Address _____				Caseworker _____		Date _____				
										<b>Comments</b>	

Household Income - List ALL household members income				Income Sources From (Yes or No)		
Names		Pay Cycle	Amount	Employment?	Other Source?	Non-Cash Benefits?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

<b>Household Income Other Sources &amp; Non-Cash Benefits</b>	<i>Check ALL Other Sources Income that applies to your Household</i> <input type="checkbox"/> TANF <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Social Security Disability Income (SSDI) <input type="checkbox"/> VA Service-Connected Disability Pension <input type="checkbox"/> VA Non-Service Connected Disability Pension <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Retirement Income from Social Security <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony or other Spousal Support <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> EITC <input type="checkbox"/> Other		<i>Check ALL Non-Cash Benefit Sources that apply to your Household</i> <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other	
	<b>Total Monthly Household Income</b>		<b>Total Income Sources</b>	

## SMCAA Emergency Service Application Signature Page

I certify that information given in this application is true, complete and correct to the best of my knowledge. I understand that I must furnish verification or proof of income. I also give my consent to verify my income from any other sources. I understand that my Social Security Number will be used to request and exchange information with other agencies and authorizing companies as part of the eligibility verification process. I understand that my information is entered into MDHHS' EmpowOr data system, as they are the grant administrators for all our programs and services, and this is a requirement. Southwest Michigan Community Action Agency (SMCAA) may use my information to get wage data, amount of earned income, interest income, Social Security benefits, pensions, or veteran's benefits. I understand that I may request a review and/or fair hearing if I am not satisfied with any action taken as a result of this application. I am aware that I may be penalized by fine and/or imprisonment for making false statements on this application and may be required to repay benefits received as a result of false statements.

By signing below I acknowledge that additional information or documentation may be necessary to determine or confirm my household's eligibility for assistance. I agree to cooperate in any reasonable requests to provide information, and understand that my failure to cooperate may result in termination, suspension, or repayment of assistance.

***SIGN FULL NAME BELOW***

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Signature of Applicant

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DATE