


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

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:	Be sure to fill in all fields for all members of the household. Incorrect or incomplete information could result to your application being denied.	
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SMCAA is dedicated to empowering individuals and families in need and supporting their journey towards economic security.

Applicant Information	Last Name			First Name			MI			Office Use Only	Date Application was Received			Certification <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Income Eligible <input type="checkbox"/> Not Income Eligible			Contributions <input type="checkbox"/> Utility Funds \$ <input type="checkbox"/> DHHS \$ <input type="checkbox"/> Other \$		
	Address						Apt #				Interviewer			Comments					
							MI												
	City			State			Zip				Adjusted Application Date								
	Phone Number			Email Address							Caseworker			Date					

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						

Household Income Other Sources & Non-Cash Benefits	<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	
	Total Monthly Household Income		Total Income Sources	

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

Signature of Applicant

DATE