| Applicant Information | Last Name Address City Phone Number | First Name MI State Email Address | Apt # | MI | Household Type | Single Person Two Adults NO C Single Parent Fer Single Parent Ma Two Parent Hous Non-related Adul Multi-generation Other | male le sehold lts with Child | that a hou dren | eck the box opplies to your sehold type | Housing | Own | | to your uation |
|-----------------------|--|--------------------------------------|------------------------|---------------|----------------|--|--|-----------------------|---|---------|-----------|-------------|-------------------|
| Н | Household Information | | | | | | | | | | | | |
| | Names | | M/F | Date of Birth | | Relationship | Social Security # | | Race | | | Ethnicity | |
| 1 | | | | | | Applicant | | | | | | | |
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| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |
| Н | Household Information continued | | | | | | | | | | | | |
| Names | | | Education Level | | | Health Insura | | Work Status M | | | Disabled? | US Citizen? | |
| 1 | | | | | | | | | | | | | |
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| | Main Language in He | usoboldi | | | | | | | | • | | | |

Main Language in Household:

Southwest Michigan Community Action Agency (SMCAA) is dedicated to empowering diverse people in need and supporting their journey towards economic security.

Be sure to fill in all fields for all members of the household. Incorrect or incomplete information could result to your application being denied.



| ے ا | | • | | | | | Certificati | on | | Contributions | | | |
|---|---|------------------------------|-----------------|-----------------|-------------------------------|--|-------------|-------------------------------|------------------|---------------|----------|--|--|
| tion | Last Name | First Name | MI | l 🛌 | Date Application was Received | | Approved | | Utility Funds \$ | | | | |
| ma | | | | Office Use Only | | | | Denied | | ☐ DHHS | | | |
| for | Address | | Apt # | | Interviewer | | | Income Eligible | | Other | \$ | | |
| ± | | MI | | | | | | ☐ Not Income Elig | gible | | Comments | | |
| icar | City | State | Zip | | Adjusted Application Date | | e | | | | | | |
| Applicant Information | | | | | | | | | | | | | |
| ⋖ | Phone Number | | | Caseworker | | Date | | | | | | | |
| Н | ousehold Income - Li | ist ALL household | d members incor | ne | | | | Incom | e Sources I | From (Yes o | or No) | | |
| | Names Pay Cycle | | | Α | Amount Emp | | | Other Source? Non-Cash Benefi | | | | | |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
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| 10 | | | <i>I</i> : | | | | <u> </u> | Si S | | | | | |
| | Check ALL Other Sources Income that applies to your House | | | | | | Cash Bei | nefit Sources that o | apply to yo | our House | hold | | |
| ts | TANF | | | | | SNAP WIC | | | | | | | |
| Jefi | Supplemental Security Income (SSI)Social Security Disability Income (SSDI) | | | | LIHEAP | | | | | | | | |
| Bei | | | | | | oice Vouc | her | | | | | | |
| ousehold Income rces & Non-Cash Benefits | ✓ VA Service-Connected Disability Pension✓ VA Non-Service Connected Disability Pension | | | | | Housing Choice Voucher Public Housing | | | | | | | |
| ויי ביי | Private Disability In | Permanent Supportive Housing | | | | | | | | | | | |
| | Worker's Compens | ☐ HUD-VASH | | | | | | | | | | | |
| eho s & | Retirement Income | Childcare Voucher | | | | | | | | | | | |
| ouse | Pension | Affordable Care Act Subsidy | | | | | | | | | | | |
|) Y | Child Support | Other | | | | | | | | | | | |
| He Other Sou | Alimony or other S | | Total Mont | hly Hou | sehold Income | | Total Ir | ncome Sources | | | | | |
| o th | Unemployment Ins | urance | | | | | | | | | | | |
| | ☐ EITC | | | | | | | | | | | | |
| | Other | | | | | | | | | | | | |

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. 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 | DATE | |